



UNIQUE. LOCAL. FLAVOR

APPLICATION

1. RESTAURANT INFORMATION:

Restaurant Name:		Food Category:	
Address:			
Phone:		Hours of Operation:	
Website URL:		Twitter URL:	
Facebook URL:		Instagram:	

2. CONTACT

Name:		Title:	
Email:		Best Contact Phone Number:	
Mailing Address (if different from above):			
Tell us something unique about your restaurant:			
# of years in Diamond Bar:		# of employees:	
Seating Capacity:		Catering (yes/no):	
Total # of tables:		Delivery (yes/no)	

3. MENU OPTIONS

Please describe the type of menu to be offered during Restaurant Week. Preferably Restaurant Week menus should represent a discount/special from the regular menu. Lunch options should include an entrée, and side. Dinner options include an appetizer, entrée, and drink. Please describe the planned menu below:

Lunch:	Entrée	Includes Drink?	Price:
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Please describe the lunch menu:

Dinner:	Appetizer	Entrée	Drink	Price:
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Please describe the lunch menu:

4. PROMOTIONAL OPTIONS

1. Restaurant is interested in donating a gift card in \$ _____ value for Diamond Bar Restaurant Week promotional purposes.
2. Restaurant is interested in offering an extended discount equal to _____ % from now through October 14, 2016
3. We have a current special that we would like to advertise: please describe and include expiration date:
4. General Comments/Requests:

5. REGISTRATION PAYMENT

To support the marketing, outreach and advertising campaign for Diamond Bar Restaurant Week, a nominal participation fee in the amount of \$100 will apply. This fee includes an aggressive marketing campaign including a dedicated website www.DBrestaurantweek.com, online advertising through social media, DB Connection articles, print advertising, and promotional items.

Restaurant Week Participation Fee:	Total Due: \$ 100
Payment Options (Circle One) Check Enclosed Charge Credit Card	
Name as it appears on the card:	
Credit Card Number:	
Expiration Date:	
Statement Address for Card:	
Restaurant Name:	
Authorized Signature:	

Please make checks payable to:
Regional Chamber of Commerce-San Gabriel Valley
Attn: Anthony Duarte
1722 Desire Avenue, Suite 207
Rowland Heights, CA. 91748
Phone: (626) 810-8476 Fax: (626) 810-8475
Email: anthonyd@regionalchambersgv.com

*** Please mail this form with payment to the address above. Payment may also be submitted via fax to: (626) 810-8475**

Regional Chamber of Commerce
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