



MANHATTAN BEACH RESTAURANT WEEK REGISTRATION FORM

Restaurant Name: _____

Restaurant Address: _____

Restaurant Website: _____

Restaurant Facebook URL: _____

Restaurant Twitter Handle: _____

Contact Name/Title: _____

Contact Email: _____

Contact Phone/Fax: _____

We agree to participate in DINE MB Restaurant Week and agree to (check all below and sign):

Offer _____

to all guests during the period of January 25-30, 2014.

Post information on this promotion on our website and have corresponding URL submitted to you for posting on your website by November 15, 2014.

\$100 advertising fee due by November 1, 2014.

Contact Signature: _____

Date: _____

NOTE: Submit this completed form by November 1, 2014 to Brittany Keohi at brittany@manhattanbeachchamber.net or send to 425 15th St, Manhattan Beach, CA 90266