

Restaurant PAC Prior Authorization

Federal law requires members to sign this prior authorization form in order for you and the executive or administrative personnel of your firm to receive certain information or be solicited by the Restaurant PAC.

Name:				
Company:		Title:		
Address:				
City:		State:	ZIP:	
Phone:	Mob	ile Phone:		
Email:				
and administrative pers	reby authorize Restaurant PAC onnel and stockholders of my with employees or shareholde	company for the followin	g years. Restaurant PAC	
Signature:		Da	te:	
PLEASE CHECK ALL 5 BG	DXES TO BE ELIGIBLE TO PA		ESTAURANT PAC EVENTS.	
	□ 2015			
	□ 2016	□ 2019		
	□ 2017			

By completing this form, you're verifying that you are an authorized representative of your company and that the National Restaurant Association is the only trade association whom you've given prior approval to for the years indicated above.

Please mail the form to:

Ms. Annie McEniry Restaurant PAC 2055 L Street NW, Suite 700 Washington, DC 20036

For questions or more information, please contact Annie McEniry, Manager, Political Development, amceniry@restaurant.org or (202) 331-5920.

Restaurant.org/RestaurantPAC