

VHPA MINI REUNION REQUEST

If you would like to hold a mini reunion at the 2024 VHPA Reunion in Reno, NV, space will be provided for you. Please complete this form and be sure to include any special requests you may have for your reunion.

Reserve your group reunion space now by providing the following info:

Reunion Name: _____

Primary Contact Name: _____

Phone #: _____ Cell #: _____

Email: _____ Estimated Number of Attendees: _____

Do you have a JPG File of your unit patch or logo? _____ If yes, please send with your request form.

What would you like printed on the sign to be placed in front of your room:

IMPORTANT INFORMATION

VHPA is providing a complimentary room for your mini reunion. The mini reunion rooms range in size from 756 to 1804 sq. feet. We will provide the tables and chairs (please indicate below what type of tables you are interested in having).

VHPA will NOT provide any audio visual or food for mini reunions. If you are interested in ordering audio visual or food, call HQ for contact info. Your organization is responsible for the costs of these items.

No outside food or drinks are allowed in the meeting rooms per hotel contract.

Mini reunion coordinator must be registered to attend the reunion. Should the coordinator cancel his registration, the mini reunion request will also be cancelled.

******VHPA may need to limit the days and times a group may reserve a mini reunion and a request is subject to demand and availability******

Hospitality Room Set up Requirements: Please indicate any specific set up requirements (round tables, long tables, trash cans, etc...):

Please send this completed form with the attached schedule to:

VHPA HQ, 1601 E Lamar Blvd, Suite 117, Arlington, TX 76011

Questions? Please contact Sherry Rodgers with HQ at the following email address or phone number:

sherry@vhpa.org

Phone: 800-505-8472

PLEASE COMPLETE THE ATTACHED SCHEDULE WITH REQUESTED DATES AND TIME SLOTS

VHPA MINI REUNION SCHEDULE REQUEST

<u>TUESDAY, MAY 14</u>	<u>9:00am-12:00pm</u>	<u>1:00pm-5:00pm</u>	<u>4:00pm-10:00pm</u>
	X	X	
<u>WEDNESDAY, MAY 15</u>	<u>9:00am-12:00pm</u>	<u>1:00pm-5:00pm</u>	<u>6:00pm-10:00pm</u>
<u>THURSDAY, MAY 16</u>	<u>9:00am-12:00pm</u>	<u>1:00pm-5:00pm</u>	<u>6:00pm-10:00pm</u>
<u>FRIDAY, MAY 17</u>	<u>N/A</u>	<u>1:00pm-5:00pm</u>	<u>N/A</u>
	X		X

Please put your group name in the time slots you are requesting for your reunion.

GROUP NAME: _____

COORDINATOR: _____

PHONE: _____

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