

VHPA MINI REUNION REQUEST

The 2012 VHPA Reunion in New Orleans, will provide space for you to hold a mini reunion. Please complete this form, 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? _____

What do you want on the sign in front of your room: _____

IMPORTANT INFORMATION

The VHPA is providing a complimentary room for your mini reunion. The space provided is about 900 square feet. We will provide the tables and chairs (please indicate below what type of tables you are interested in having). The Reunion "O Club" cash bar will be located very close to the mini reunion rooms. We encourage you to purchase drinks from the "O Club" bar to enjoy in your mini reunion room. The VHPA will not provide any audio visual or food for mini reunions. If you are interested in ordering audio visual or food we can do that for you, however your organization is responsible for the costs.

Please indicate below if you would like to be contacted about these additional Services

Please contact me about offsite dinners and/or tours Yes _____ No _____

Please contact me about audio visual needs for the mini reunion room Yes _____ No _____

Please contact me about ordering food the mini reunion Yes _____ No _____

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

Do you want to schedule a photographer for a group photo: _____

If yes, please indicate day and time for photo: _____

Please send this completed form with the attached schedule to:
Rebecca Bittle, VHPA, 407 West College Street, Grapevine, TX 76051-5218

Questions? Please contact Rebecca at the following email address and phone number

Rebecca@MilitaryReunionPlanners.com
Phone: 813-909-0968 / Fax 401-633-6266

PLEASE COMPLETE THE ATTACHED SCHEDULE WITH REQUESTED DATES AND TIME SLOTS

VHPA MINI REUNION SCHEDULE REQUEST

<u>WEDNESDAY AUGUST 1</u>		<u>1:00pm-5:00pm</u>	<u>6:00pm-10:00pm</u>
	N/A		
<u>THURSDAY, AUGUST 2</u>	<u>9:00am-12:00pm</u>	<u>1:00pm-5:00pm</u>	<u>6:00pm-10:00pm</u>
<u>FRIDAY, AUGUST 3</u>	<u>9:00am-12:00pm</u>	<u>1:00pm-5:00pm</u>	<u>6:00pm-10:00pm</u>
<u>SATURDAY, AUGUST 4</u>	<u>9:00am-12:00pm</u>	<u>1:00pm-5:00pm</u>	
			N/A

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

GROUP NAME: _____

COORDINATOR: _____

PHONE: _____

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