VHPA MINI REUNION REQUEST

If you would like to hold a mini reunion at the 2017 VHPA Reunion in Indianapolis, 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 500 to 750 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 we can do that for you; however your organization is responsible for the costs of these items. Mini reunion coordinator must be registered to attend the reunion. Should the coordinator cancel his registration, the mini reunion request will also be cancelled.

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

Please contact me about offsite dinners and/or tours for my group	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:

VHPA HQ, 2100 North Highway 360, Suite 907, Grand Prairie, TX 75050

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

SATURDAY, JULY 1	**9:00am-12:00pm**	**1:00pm-5:00pm**	**6:00pm-10:00pm**
SUNDAY , JULY 2	**9:00am-12:00pm**	**1:00pm-5:00pm**	**6:00pm-10:00pm**
MONDAY, JULY 3	**9:00am-12:00pm**	**1:00pm-5:00pm**	**6:00pm-10:00pm**
TUESDAY, JULY 4	**9:00am-12:00pm**	**1:00pm-5:00pm**	**6:00pm-10:00pm**
WEDNESDAY, JULY 5	N/A	**1:00pm-5:00pm**	N/A
	N/A		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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