

# VHPA MINI REUNION REQUEST

If you would like to hold a mini reunion at the 2026 VHPA Reunion in Louisville, KY, 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:

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## **IMPORTANT INFORMATION**

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VHPA is providing a complimentary room for your mini reunion. The mini reunion rooms range in size. 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\*\*\****

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**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](mailto:sherry@vhpa.org)

Phone: 800-505-8472

**PLEASE COMPLETE THE ATTACHED SCHEDULE WITH REQUESTED DATES AND TIME SLOTS**

# VHPA MINI REUNION SCHEDULE REQUEST

<u>THURSDAY, AUG 06</u>	<u>9:00am-12:00pm</u>	<u>1:00pm-5:00pm</u>	<u>4:00pm-10:00pm</u>
<u>FRIDAY, AUG 07</u>	<u>9:00am-12:00pm</u>	<u>1:00pm-5:00pm</u>	<u>6:00pm-10:00pm</u>
<u>SATURDAY, AUG, 08</u>	<u>N/A</u>	<u>1:00pm-3:00pm</u>	<u>N/A</u>
	<b>X</b>		<b>X</b>

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

GROUP NAME: \_\_\_\_\_

COORDINATOR: \_\_\_\_\_

PHONE: \_\_\_\_\_

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