



NEW BERN, NC

2026 REUNION REGISTRATION FORM

Thursday, May 28th –Saturday, May 30th, 2026

DOUBLETREE BY HILTON NEW BERN - RIVERFRONT ← **CLICK TO VIEW**

DATE	EVENT	COST/pp	# ATTENDING	TOTAL
	Reunion Registration Fee	\$70/pp		
FRI - 05/29		\$35/pp		
SAT-05/30	Low Country Boil Buffet (6:00 pm Cash Bar/7:00 pm Dinner)	\$65/pp		
			TOTAL DUE	

NAME (as you want it on badge)			
VDHA Member Number		UNIT	
SPOUSE name (If attending)			
GUEST name (if attending)			
Street Address (member)			
City		State	Zip
EMAIL ADDRESS (Required for Confirmation)			
MEMBER phone #		EMERGENCY phone #	
NOTE: Only ACTIVE VDHA MEMBERS will have access to the General Membership Meeting. You will be notified if your membership is NOT ACTIVE when your registration form is received.			

Download and complete registration form, print it and mail it, along with your check/money order to:

VDHA, c/o Bob Palochik, Treasurer, 10125 Skye Saddle Ave., Las Vegas NV 89166-6546

CHECK/MO MUST BE MADE PAYABLE TO VDHA

NO PAYPAL OR CREDIT CARD payments accepted for Registration

Completed registration and payment are due **ABSOLUTELY NO LATER THAN MAY 1, 2026**

Registration cancellation (with refund) will be accepted up to and including **May 06, 2026**

To add/cancel/modify your registration or have any questions, please email Bob Palochik at bobpalochik@vdha.us or call 702.557.3538 or 702.845.2944

INDIVIDUAL HOTEL RESERVATIONS FOR DOUBLETREE BY HILTON

RESERVATION(s) CAN BE MADE BY CALLING

1-252-658-9000

Tuesday 5/26/2026 \$202.00
Wednesday 5/27/2026 \$202.00
Thursday 5/28/2026 \$202.00
Friday 5/29/2026 \$213.00
Saturday 5/30/2026 \$213.00
Sunday 5/31/2026 \$213.00

ALL INCLUSIVE

Includes continental breakfast @
Confluence restaurant (2 per room max)

YOU MUST REFERENCE GROUP CODE 90T(nine zero T) and
VIETNAM DOG HANDLER ASSOCIATION REUNION
OR online - click below on VDHA REUNION 2026

VDHA REUNION 2026

CUT OFF DATE FOR HOTEL RESERVATIONS IS **MARCH 31, 2026**

RATE WILL NOT BE AVAILABLE AFTER THIS DATE

WILL YOU BE STAYING AT THE DOUBLETREE BY HILTON WHERE THE REUNION WILL BE HELD?

YES

☐

If yes, how
many nights

NO

☐

DATE RECEIVED: _____

CHECK#/MO#: _____

AMOUNT RECD: _____