

February 11, 2016

Ms. May A. Caliwag
PhilHealth
Citystate Center Building, Shaw Boulevard,
Mandaluyong City
Telephone Number: 632 4417444
Email: caliwagm@philhealth.gov.ph

Re: Proposal for Meeting March 9, 2016

Dear Ms. Caluwag,

Thank you for your interest in Marco Polo Ortigas Manila. We have the pleasure in submitting the following proposal for your kind consideration:

FUNCTION ROOM REQUIREMENT

| Date | Event | Time | Venue | Status | Guaranteed Attendance |
|---------------|----------|-------------------|-------|-----------|--------------------------|
| March 9, 2016 | Full Day | 8:00 AM – 5:00 PM | ТВА | Available | 37 |

Full Day Package Rate:

Php 1, 400.00 net per person AM Snack + Plated Lunch + PM Snack

Php 1, 500.00 net per person AM Snack + Buffet lunch + PM Snack

Rates are inclusive of 10% service charge, 12% VAT and applicable government tax



Inclusions:

- Complimentary use of the plenary
- Audio visual equipment:
 1 LCD projector with 1 screen, 1 podium, 2 microphones, Basic PA System mints, and free flowing coffee, hot tea, and local purified water, pads and pencils
- Set up requirement : Registration table and Podium
- Parking Passes (10% of total number of attendees)
- Wifi Connection for all
- Flower centerpieces for the round tables
- Complimentary 1 round of iced tea

MARCO POLO REWARDS:

Marco Polo Rewards Program is our special reward program offered to our corporate bookers. Earn Marco Polo Rewards Points on qualified room bookings for all Marco Polo properties and function room bookings at Marco Polo Ortigas Manila to redeem rewards and privileges for future use. Please contact your Sales Manager for more details regarding the program.

CUT-OFF DATES:

We will appreciate receiving the signed copy of this proposal on or before February 19, 2016.

BILLING ARRANGEMENT

Send Bill Arrangement.

BANK DETAILS:

Account Name: FRONTIER ORTIGAS HOTEL AND RESORT CORPORATION

Bank Name: BDO – Emerald Avenue Branch

Bank Address: G/F Unit 101, Taipan Place, Don Francisco Ortigas Jr. Rd. Pasig City Beneficiary Account No. (Peso Payments): 001340207646 (Philippine Pesos) Beneficiary Account No. (Dollar Payments): 101340198698 (US Dollars)

SWIFT Code: BNORPHMM

CANCELLATION AND REDUCTION

Kindly refer to the applicable charges and wash down in guest rooms, cancelled guest rooms and/ or function rooms after signing this proposal:



| 120 Days prior the Event/ Arrival Date: | No penalty. | | |
|--|--|--|--|
| 60-119 Days prior: | Function Room Reservation Fee forfeited. | | |
| 30-59 Days prior: | 50% Function Room deposit forfeited; | | |
| 16-29 Days prior: | 50% Function Room deposit forfeited; | | |
| 0-15 Days prior: | 100% Cancellation Fee charged for the Event charges. | | |

FORCE MAJEURE CLAUSE

By signing this agreement, Marco Polo Ortigas Manila shall not be liable for failure to carry out such arrangements as mentioned which are caused by labor disputes, Acts of God or conditions beyond our control.

We hope that the arrangements in this proposal merit your approval. Should you have any further queries, please do contact me at telephone number (632) 7207777. We will be delighted to further discuss and finalize the agreement.

Ms. Caliwag, once again, thank you for considering Marco Polo Ortigas Manila. We look forward to the pleasure of working with you on this event.

With Warm Regards, Marco Polo Ortigas Manila

Agreed and accepted by PhilHealth

Kate Bautista Catering Executive

Alvin Marasigan **Director of Catering**