

May 30, 2016

Ms. Emma Ilagan Philippine Health Insurance Corporation 709 Shaw Blvd, Oranbo City State Centre Building Pasig City Mobile Number: +63 917 5259353 Email: roye@philhealth.gov.ph

## Re: Proposal for Workshop July 19-22, 2016

Dear Ms. Ilagan,

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	for a second sec		
		Time	Venue	Guaranteed
July 19-22, 2016	Whole Day Event	8:00 AM - 5:00 PM		Attendance
ole Day Package D		3.00 PM	Available	35

# Whole Day Package Rates:

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 (minimum of 30 persons for buffet inside the function room)

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



#### 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 June 6, 2016.

### **BILLING ARRANGEMENT**

We will require a 50% reservation fee on or before **June 7, 2016**. The remaining balance should be settled at least five (5) days before the event. Any incidentals incurred during the function shall be settled immediately after the event through cash or credit card only.

Please make all checks payable to: <u>FRONTIER ORTIGAS HOTEL AND RESORT CORPORATION</u> (Marked "For Payee's Account")

#### **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:

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 Ms. Kate Bautista at email address <a href="mailto:stephanykate.bautista@marcopolohotels.com">stephanykate.bautista@marcopolohotels.com</a> or at telephone number (632) 7207777 local 6325. We will be delighted to further discuss and finalize the agreement.

**Ms. Ilagan,** 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

Aina Nakamura Catering Coordinator

Alvin Marasigan Director of Catering Agreed and accepted by Philippine Health Insurance Corporation