

17 June 2016

MS. ARSENIA B. TORRES
Senior Manager
 Thru: Ms. Clarice Balatazar
PHILHEALTH Social Health Insurance
 Citystate Center, 709 Shaw Boulevard
 25 San Miguel Avenue., Ortigas Business
 Center, Pasig City

Telephone No.: 632.637.2875
 Mobile No.: n/a
 Email: baltazarc@philhealth.gov.ph

Dear Ms. Torres,

Re: Philhealth Social Graces and Protocol/Corporate Meeting
24 June 2016

We are delighted to learn that the **PHILHEALTH** has been chosen as the venue for your event on **24, JUNI 2016**.

As per your specific requirement, we have outlined the following terms and conditions of the arrangement for you review and agreement:

MEETING PACKAGE

For a minimum of **36 Persons**, we are pleased to confirm your meeting package breakdown as follows:

Event / Meeting / Activity	Date	Time	Gtd. No. of Persons	Venue	Rate	Remarks
Meeting Package	24 June 2016	8:00AM-5PM	36	Del Pilar	Php 1,000.00 net	AM/PM Snack Lunch (Buffet) Set up: Round Table

Inclusions:

24 June 2016: Use of function room, Use of one (1) LCD Projector with Screen, Built-in glass board with markers Meeting kit, Flip chart with markers, Two (2) Microphones, , PA System, **10 FOC parking slots**

FOOD & BEVERAGE GUARANTEES

The Organiser must provide the Hotel with the guaranteed attendance of each function not later than seventy-two (72) hours prior to the scheduled function. Hotel agrees to set five (5%) percent over the guaranteed attendance for banquets and to indicate on each food and beverage invoice the number served as well as the number guaranteed. Guarantees of attendance are not subject to reduction. The Hotel will charge to the Master Account the total function charges in accordance with the guaranteed attendance or actual attendance, whichever is higher.



Function rooms are assigned according to the expected attendance and set up. The Hotel reserves the option to assign alternative meeting space suitable for the Group's requirements should the expected attendance change, subject to availability and prior agreement from the Organiser

OTHER CHARGES:

Excess Rate for : Php 880/person (Buffet)
Lunch

Excess Rate for : Php 530/person (Plated)
Snack

Electrical Charges : Php 200.00 net per equipment¹

Extension Charges : Php 1,600.00 net per hour in del Pilar
(subject to availability beyond 6:00 PM)

Beverage Charges:

Alcoholic	House Wine	Red / White	Php 1,200.00 per 750ml bottle
		Beer	Php 88.00 per bottle
		Php 7,500.00 per 30L keg	
		Php 11,000.00 per 50L keg	
		San Mig Pale Pilsen	Php 78.00 per bottle
		Php 7,000.00 per 30L keg	
		Php 10,000.00 per 50L keg	
Non-alcoholic	Softdrink (regular)	Coke, Royal, Sprite	Php 75.00 per can
	Softdrink (light/zero)	Coke, Royal, Sprite	Php 75.00 per can
	Iced Tea / Juice		Php 85.00 per glass (10oz)

Electrical Equipments:

Additional LCD Projector	Php 2,500.00 net per unit
LCD Corkage	Php 500.00 net per unit

Corkage Fees:

Food	Viand	Php 350.00 per kilo
	Dessert	Php 350.00 per kilo
	Lechon	Php 1,500.00 per piece
Beverage	Wine	Php 350.00 per 750ml bottle
	Standard brand	Php 500.00 per 750ml bottle
	Premium brand	Php 700.00 per 750ml bottle
	Beer	Php 800.00 per case

Juice	Php 350.00 per case (pet bottles)
Softdrink	Php 350.00 per case (8oz bottle) / Php 500.00 per case (1L bottle)

GOVERNMENT TAX

All rates, unless otherwise quoted, are inclusive of prevailing government taxes

RATE CONFIDENTIALITY

All rates are not to be posted through any web sites and should not be disclosed, directly or indirectly, unless explicit written approval is given by the Hotel.

ESTIMATED COST

<u>DATE</u>	<u>ITEM</u>	<u>Rate</u>	<u>COMPUTATION</u>	<u>TOTAL</u>
Room Rental Package				
June 24, 2016	Del Pilar	Php 1,000.00/pax	Php 1,000.00 x 36 pax net	Php 36,000.00 net
Total				Php 36,000.00 net
Less: 50% down payment/Date/OR #				
Balance				Php 36,000.00 net

PREPAYMENT OF CHARGES

The Organiser shall make the following payment to the Hotel according to the schedule set below:

<u>Payment Schedule</u>	<u>Group Function</u>
June 20, 2016,	The Hotel shall require LOA and Signed Contract From Philhealth Social Health Insurance as GUARANTEE for the booking.
7 Days Upon Receipt of SOA	The Hotel shall require FULL Payment from PHILHEALTH SOCIAL HEALTH INSURANCE

PAYMENT PROCEDURES

Food and Beverage, Audio Visual, Meeting Room Rental, and all other meeting related expenses will require full prepayment two weeks prior to group's arrival date if Master Account billing is not approved. Master Account billing will only be extended with approved credit facility.

Should billing be established, accounts are payable upon receipt of statement from the Hotel.

MASTER ACCOUNT

A Master Account will be established for the Organizer. At least prior to the start of the Group, the Organizer shall notify the Hotel in writing of:

- a) The list of charges that are to be billed to the Master Account
- b) Authorized signatory to sign and approve charges that are to be billed to the Master Account.

INDIVIDUAL GUEST'S ACCOUNT

Unless otherwise advised, all incidental charges will be billed to the account of each individual guest, to be established in their individual names upon registering with the Hotel and payable by such guests upon placement of orders or right after the function.

CANCELLATION OF THE GROUP

Under the terms of this agreement, the Hotel has reserved the function space required by the Organizer. Cancellation of this Group in its entirety will cause the Hotel to suffer significant financial loss.

Therefore, the Organizer agrees to the following cancellation policy:

If the cancellation notice is received by the Hotel after **June 20, 2016**, the Organizer agrees to pay the Hotel cancellation fee one hundred (100%) of the total anticipated function charges inclusive of tax (less deposit paid).

FORCE MAJEURE

The performance of this Agreement by either party is subject to acts of God, war, government regulation, disaster, fire, strikes, civil disorder, or other similar cause or threat thereof beyond the abilities of the parties making it inadvisable, illegal, or impossible to perform to the terms of the contract, hold the meeting, or provide the facility. This Agreement may be terminated or revised for any of the above reasons without liability by written notice from one party to the other.

INDEMNITY

Each party hereby indemnifies and holds the other and third party planner harmless from any loss, liability, cost or damages arising from actual or threatened claims or causes of action resulting from the negligence or misconduct of such party or its respective officers, directors, employees, agents, contractors, members or participants, provided such individuals are acting within the scope of their employment.

DISPUTES

The parties agree that any dispute in any way arising out of or relating to this contract may be resolved by a court of the Philippines.

OPTION DATE

The arrangement outlined in this Agreement will be held on a first option tentative basis until June **20, 2016, 5pm**. If the Group does not sign and return this Agreement by this date, the Hotel reserves the right to cancel all arrangements without notice or obligation to the Group.

ACCEPTANCE

Should the arrangements outlined in this Agreement meet with your approval, please indicate your acceptance by initialising all pages including the enclosed General Terms and Conditions, signing the final page, and returning the original agreement to the Hotel. Upon receipt, the Hotel will countersign and return a copy. Once countersigned, this document shall then constitute the full and complete binding agreement and the arrangements shall be considered confirmed and definite.

Accepted for and on behalf of
The Legend Villas


Josefina P. Saquing
Sales Manager
Mobile: 0917.571.1254
Tel.: (632) 633.1504

Accepted for and on behalf of
PHILHEALTH (Social Health Insurance)


Ms. Arsenia B. Torres
Senior Manager
Date: _____

Accepted for and on behalf of
The Legend Villas


Diwata C. Topia
Sales and Marketing Manager (OIC)
The Legend Villas