



MS. ARSENIA B. TORRES
Senior Manager
Social Health Insurance Academy
PHILHEALTH
17th Flr. City Stae Building,
Shaw Boulevard Pasig City

Tel. No: 02.637.2875
 Mobile No.: 0906.483.5843
 Email: alonzo@philhealth.gov.ph

Dear Ms. Alonzo:

Re: PHILHEALTH/Live-out Meeting
April 11, 2016

We are delighted to learn that **PHILHEALTH** has been chosen as the venue for your event on **11 April 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 **50 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	11 April 2016	8:00AM-6:00PM	50 Persons	Raja	Php 1,000.00 net per person	Menu: AM Snack LUNCH/Bufferet PM Snack Set up: to be advise

Inclusions:

11 April 2016: Use of function room, Meals as indicated, Refillable Drinks (Maximum of Three Refills), Use of one (1) LCD Projector with Screen, Built-in glass board with markers, Meeting kit, Flip chart with markers, Pencils and papers, Two (2) Microphones, Free Flowing Coffee, PA System, Mint candies, **15 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 Snack** : Php 580.00 net per person (AM/PM Snack) – on the day of event
Excess Rate for Lunch : Php 880.00 (Buffet); Php 680.00 (Plated)
Electrical Charges : Php 200.00 net per equipment
Extension Charges : Php 5,000.00 net per hour in Raja
(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	
			San Mig Light	Php 7,500.00 per 30L keg
			San Mig Pale Pilsen	Php 11,000.00 per 50L keg
Non-alcoholic	Softdrink (regular)	Coke, Royal, Sprite	Php 78.00 per bottle	
			Php 7,000.00 per 30L keg	
	Softdrink (light/zero)	Coke, Royal, Sprite	Php 10,000.00 per 50L keg	
			Php 75.00 per can	
	Iced Tea / Juice		Php 75.00 per can	
			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 Per Person</u>	<u>COMPUTATION</u>	<u>TOTAL</u>
Meeting Package				
Apr 11, 2016	AM Snack Buffet Lunch	Php1,000.00	Php 1,000.00x 50 Persons x 1 Day	Php50,000.00
Total				Php 50,000.00net
Less: 50% down payment/Date/OR #				00.00
Balance				<u>Php 50,000.00net</u>

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>
Apr 4, 2016	A copy of the Signed Contract and CAF (Cash Availability of Fund)
15 Days Upon Receipt	FULL PAYMENT OF TOTAL Function Charges 15 Days after Receipt of SOA

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 guest upon placement of orders or right after the function.

ATTRITION

If the Group reduces or fails to pick up the contracted function space, but does not cancel the entire event, the Group agrees to pay the Hotel as liquidated damages and as penalty an amount based on the following provisions:

1st Review - (April 04, 2016)

The Group may reduce its total meeting charge including rental and food and beverage charges by thirty percent (30%) without penalty. The Organiser will pay seventy five percent (75%) of the group's remaining confirmed meeting charges cancelled in excess of thirty percent (30%).

CANCELLATION OF THE GROUP

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

Therefore, the Organiser agrees to the following cancellation policy:

If the cancellation notice is received by the Hotel after **April 04, 2016 (5PM)**, the Organiser agrees to pay the Hotel a cancellation fee one hundred (100%) of the total anticipated function charges inclusive of tax (less deposit).

FORCE MAJEURE

The performance of this Agreement by either party is subject to acts of God, war, government regulations, 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 April **04, 2016**. 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 arrangement shall be considered confirmed and definite.


Accepted for and on behalf of
The Legend Villas


Josefina P. Saquing
Sales Manager
Tel : 702.7219
Fax : 702.2767

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


Diwala C. Topia
Sales & Marketing Manager (OIC)