



Your Relaxing Tagaytay

CONTRACT

NAME OF FUNCTION : WORKSHOP
CONTACT PERSON : MR. NEIL BAUTISTA
COMPANY : PHILIPPINE HEALTH INSURANCE CORPORATION
OFFICE ADDRESS : City State Center, 709 Shaw Boulevard, Pasig City
CONTACT NUMBER : (02) 441-7444 loc. 7411
EMAIL ADDRESS : ninafungo@gmail.com

Dear Ms. Sugay, M.D.,

Warm Greetings from Estancia Resort Hotel

We are pleased to confirm the reservation based on the agreed information as follows:

DATE OF FUNCTION : 2-5 August 2016
TYPE OF FUNCTION : Live-in Seminar
GUARANTEED NO. OF PAX : 33 Persons
NAME OF SIGNATORY : MS. NARISA PORTIA J. SUGAY, M.D. - Senior Manager
ROOM REQUIREMENTS : Three nights room accommodation for 33 persons
(15) Air-Conditioned Room - Twin Sharing
(1) Air-Conditioned Room - Triple Sharing
Check-in: 02:00pm Check-out: 12:00nn
FUNCTION ROOM : Function Room
SUPPORT FACILITIES : Projector Screen, Whiteboard plus Marker, Complete PA system.
MEAL REQUIREMENT : 2 August: Buffet Dinner for 33 persons
3 August: Buffet Breakfast / Set AM Snack / Buffet Lunch / Set PM Snack / Buffet Dinner for 33 persons
4 August: Buffet Breakfast / Set AM Snack / Buffet Lunch / Set PM Snack / Buffet Dinner for 33 persons
5 August: Buffet Breakfast for 33 persons
TOTAL CONTRACT PRICE : PHP 260,388.00 for 33 PERSONS
BILLING ARRANGEMENT : The hotel requires a signed proposal, contract and a Certificate of Availability of Funds to block the date and to confirm the reservation. Full payment of the total contract price is payable fifteen (15) days upon receipt of Statement of Account.
TERMS AND CONDITIONS : Please see attached sheet.

Please affix your signature as conforme to this agreement.

Sincerely yours,

HELEN P. MANLONGAT
Guest Services Supervisor

APPROVED BY:

GIRLIE C. PE
General Manager

CONFORME:

PHILIPPINE HEALTH INSURANCE CORPORATION

MS. NARISA PORTIA J. SUGAY, M.D.
Senior Manager