

Your Relaxing Tagaytay

CONTRACT

NAME OF FUNCTION CONTACT PERSON

WORKSHOP MR. NEIL BAUTISTA

COMPANY OFFICE ADDRESS CONTACT NUMBER

EMAIL ADDRESS

PHILIPPINE HEALTH INSURANCE CORPORATION City State Center, 709 Shaw Boulevard, Pasig City

(02) 441-7444 loc. 7411 ninafungo@gmail.com

Dear Ms. Sugay, M.D.,

Warm Greetings from Estancia Resort Hotell

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

DATE OF FUNCTION

2-5 August 2016

TYPE OF FUNCTION **GUARANTEED NO. OF PAX** Live-in Seminar 33 Persons

NAME OF SIGNATORY

ROOM REQUIREMENTS

MS. NARISA PORTIA J. SUGAY, M.D. - Senior Manager Three nights room accommodation for 33 persons

(15) Air-Conditioned Room - Twin Sharing (1) Air-Conditioned Room - Triple Sharing Check-in: 02:00pm

FUNCTION ROOM

Function Room

Check-out: 12:00nn

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.

Incidental charges that your company may incur during your function which is not included in the contract shall be paid in full, in cash or credit card upon check-out. We have blocked the space for you for your event. However, we need your signature to confirm your reservation. The Hotel reserves the right to give the said blocking/s to other reservations if we do not received your signed contract.

TERMS AND CONDITIONS

Please see attached sheet.

Please affix your signature as conforme to this agreement.

Sincerely yours,

manlonga HELEN P. MANLONGAT Guest Services Supervisor CONFORME:

PHILIPPINE HEALTH INSURANCE CORPORATION

APPROVED BY:

GIRLIF C. PF General Manager MS. NARISA PORTIA J. SUGAY

Senior Manager

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