

May 2, 2019

MS. GILDA SALVACION A. DIAZ Acting Vice President PHILHEALTH REGIONAL OFFICE - NCR

Citystate Center Bldg. 709 Shaw Blvd. Pasig City Thru: Abigail Joy Vital

Tel. no.: +632.4417444 local 3300 Email: vitala@philhealth.gov.ph

RE: ORIENTATION ON HEALTH CARE PROVIDERS FOR POLICY UPDATES

MAY 9, 2019 – 155 PERSONS

MAY 10, 2019 – 140 PERSONS

Dear Ms. Diaz:

Warm greetings from THE HERITAGE HOTEL MANILA!

We are pleased that you confirmed **THE HERITAGE HOTEL MANILA** as venue for your event on **May 9 and 10, 2019**.

By way of confirmation, we have drafted the following arrangements for your group. Should there be changes, please let us know. We would appreciate you signing and returning this contract to us on or before **May 7, 2019:**

FUNCTION ROOM ARRANGEMENT

DATE OF FUNCTION	NUMBER OF PERSONS	TIME	FUNCTION TYPE	PACKAGE RATE PER PERSON	FUNCTION ROOM	ESTIMATED TOTAL
May 9, 2019	155	08:00am- 05:00pm	Conference	Php 1,200.00	Heritage Ballroom	PHP 186,000.00
May 10, 2019	140	08:00am- 05:00pm	Conference	Php 1,200.00	Heritage Ballroom	PHP 168,000.00

INCLUSIONS:

- Meals: Morning Snack, Buffet Lunch and Afternoon Snack
- Complimentary use of Plenary/Function Room
- Basic PA System with in-house technician
- Complimentary use of 1 LCD Projector with Screen
- Banquet set-up (Round Tables, banquet Chairs, Platform and Podium)
- Registration area and tables
- Complimentary car passes based on 10% of gtd persons
- Complimentary wifi access (20 wifi codes)

TOTAL Php 354,000.00 net

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The Hotel reserves the right to relocate the event to a function room that will be more suitable to your requirement. If you wish to be confirmed on the function rooms assigned, a letter of confirmation will be required and a deposit will guarantee the blockings of the function room for your event. Otherwise the Hotel reserves the right to cancel the tentative blockings for your group.

Note:

- Function room rental charges are waived in consideration of the meals availed for your function. Should you wish to extend your stay after the agreed reservation time indicated above, and should there be no function after the event, an applicable excess hourly charge is to be applied. A fraction of an hour is considered one full hour.
- Use of break-out rooms will have corresponding charges depending on the size of the venue and period covered
- Function room assignments are based on minimum capacities. Requests for function room assignments below the minimum number required are subject to a discounted surcharge.
- Charges will be based on the minimum guaranteed attendance or the actual attendance whichever is higher.
- No outside company or vendor will be permitted to provide items or catering for the function rooms. Bringing of outside food or beverages is not allowed in the function rooms or in the Hotel public areas.

CANCELLATION / NO SHOW

Under the terms of this agreement, we have already reserved all the function rooms required. In event of cancellation or postponement made after the confirmation of the booking will merit a surcharge equivalent to rates listed:

Date of Cancellation

30 days prior the function date 15 days prior the function date

No Show Charge

(Banquets)

Cancellation Charge

75% of the guaranteed revenue 100% of the guaranteed revenue

Full amount of contract based on your minimum guaranteed guests

BILLING ARRANGEMENT

All Meal arrangement including the incidental charges will be charged to **PHILHEALTH REGIONAL OFFICE — NCR** on a send bill arrangement. A Letter of Authorization, Certificate of Availability of Fund and Signed contract are required to facilitate this arrangement.

CHANGES, ADDITIONS, STIPULATIONS OR LINING OUT

Any changes, additions, stipulations or deletions including corrective lining out by either Hotel or **PHILHEALTH REGIONAL OFFICE** — **NCR** will not be considered agreed to or binding on the other unless such modification have been initialed or otherwise approved in writing by the other.

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EXCLUSION OF LIABILITY

Force Majeure: The HOTEL will not be held liable for services not rendered or for any loss or damage due to acts of God, or acts of the guest, his family, visitors or servants, or if loss arises from the character of the things brought into the Hotel, war, government regulations, natural calamities, civil disorders, curtailment of transportation facilities and other inevitable incidents beyond the control of the HOTEL that interrupts the expected course of events. However, deposits made by the CLIENT can be applied to future bookings.

Ms. Diaz, we trust that you find the above arrangement favorable. We would like to reassert our desire to host your group and you can be assured that all efforts will be exerted to ensure the great success of your conference.

To enable us to hold the reservation on a guaranteed basis, we would appreciate you signing and returning a copy of this agreement to us on or before **07 May 2019** to signify your acceptance.

This agreement will constitute a binding contract between **Grand Plaza Hotel Corporation trade as THE HERITAGE HOTEL MANILA** and **PHILHEALTH REGIONAL OFFICE — NCR.** The individuals signing below represent that each is authorized to bind his or her party to this agreement. In the event a fully signed copy of this agreement is not received on the above date and deposit is not made on the agreed date all function spaces and guestrooms referred herein will be released and neither party will have any obligations under this agreement.

Thank you once again and we look forward to the pleasure of welcoming you and your guests at **THE HERITAGE HOTEL MANILA.**

Yours sincerely, For and on behalf of

Grand Plaza Hotel Corporation

trade as The Heritage Hotel Manila

DHAI CAMINOS

Assistant Director of Catering

Noted by:

Director of Sales and Marketing

Accepted by:

NCM ADVOCACY COOPERATIVE

MS. GILDA SALVACION A. DIAZ

Acting Vice-President