

**MS. GILDA SALVACION A. DIAZ**

Vice President – PRO NCR

**DR. JANICE GEM P. PERLAS**

OIC – Health Care Delivery Management Division

**PHILIPPINE HEALTH INSURANCE CORPORATION**

A: 5<sup>th</sup> Floor VCP Building, Kalayaan Avenue, Quezon City

**CONTRACT No. 7030**

**RE: RETOOLING/WORKSHOP ON ACCREDITATION POLICIES AND GUIDELINES  
OF PRO NCR HCDMD STAFF AND ACCREDITATION SUB-COMMITTEE MEMBERS**

**28-29 NOVEMBER 2019**

**2 Days / 19 & 36 Persons**

Dear Ms. Diaz / Dr. Perlas:

Thank you for choosing Luxent Hotel as the venue for your event **28-29 November 2019** with guaranteed minimum number of **19 & 36** persons. We are pleased to confirm our arrangements, as follows:

**I. CONFERENCE ARRANGEMENTS**

DATE	TIME	Gtd. No. of Persons	VENUE	SET UP/ Special Requirements
<b>28 NOVEMBER 2019</b> (Thursday)	<b>Event Proper:</b> 8:00 AM- 5:00 PM	<b>19</b>	<b>MAPLE FUNCTION ROOM</b> (Ground Floor)	<b>CLASSROOM SET UP</b> Table Topper: Green Table Napkin: White Seat Cover: White
<b>29 NOVEMBER 2019</b> (Friday)		<b>36</b>		

**FUNCTION ROOM & BANQUET INCLUSIONS AND AMENITIES**

- \* Complimentary use of function room for the hours given
- \* 1 set of Multimedia Projector and White Screen
- \* Rostrum
- \* Mints and Candies
- \* Basic Sound System with 2 microphones
- \* Registration Table

**II. BANQUET ARRANGEMENTS**

ACTIVITY	DATE	TIME	Gtd. No. of Persons	VENUE	RATE	PACKAGE
<b>WORKSHOP</b>	<b>28-29 NOVEMBER 2019</b>	<b>Ingress:</b> 7:00 AM- 8:00 AM <b>Event Proper:</b> 8:00 AM- 5:00 PM	<b>19 &amp; 36 persons</b>	<b>MAPLE</b> (Ground Floor)	<b>Php 1,450.00 net per person</b>	<b>SPECIAL BUFFET WHOLE DAY MEETING PACKAGE</b>

*Handwritten signature/initials*

## Excess Rate:

- ✦ In excess of hours stated, corresponding amount shall be charged per hour
- ✦ Excess rate per hour per function room: Php 3,000.00 net
- ✦ Same rate applies for extra persons of up to a maximum of additional 10% from the minimum guaranteed number of persons.
- ✦ In excess, a 10% surcharge based on package rates shall be applied for revisions or adjustments made 24 hours prior or within the day of the event.

## PACKAGE INCLUSIONS:

- Use of function room for the number of hours stated
- Food & Beverage as indicated for minimum guaranteed number of persons
- Complimentary Car Pass for 10% of total guaranteed number of participants
- Complimentary Unlimited Wi-Fi Access

## MENU AND SERVING TIME:

### SPECIAL BUFFET WHOLE DAY MEETING PACKAGE | 55 PERSONS

#### (28 November 2019) Day 1 of 2

#### AM SNACK TO BE SERVED BY: \_\_\_\_\_

Main Dish  
Side Dish  
One Round of Beverage

#### BUFFET LUNCH AT THE GARDEN CAFÉ

\*\*\*MENU ON CHEF'S DISCRETION BASED ON GARDEN CAFÉ BUFFET CYCLE\*\*\*

#### PM SNACK TO BE SERVED BY: \_\_\_\_\_

Main Dish  
Side Dish  
One Round of Beverage

#### (29 November 2019) Day 2 of 2

#### AM SNACK TO BE SERVED BY: \_\_\_\_\_

Main Dish  
Side Dish  
One Round of Beverage

#### BUFFET LUNCH AT THE GARDEN CAFÉ

\*\*\*MENU ON CHEF'S DISCRETION BASED ON GARDEN CAFÉ BUFFET CYCLE\*\*\*

#### PM SNACK TO BE SERVED BY: \_\_\_\_\_

Main Dish  
Side Dish  
One Round of Beverage

## MEETING MEAL ARRANGEMENTS:

Luxent Hotel will prepare and coordinate all banquet meals and event arrangements based on contracted guaranteed number of persons. Any excess will be charged accordingly with the same rate as quoted. For increment of more than 10% from the contracted guaranteed number of persons, meals to be served shall then be subject to Chef's discretion.

The Hotel reserves the right to make the appropriate changes of function room venues should there be amendments and / or availability in more suitable venues. New banquet meeting and meal arrangement schedules not covered in this agreement will be subject to availability when reservation is made. Bringing in of food and liquor to the hotel for consumption in the function is not encouraged. The Hotel reserves the right to refuse such arrangements. This contract shall serve as waiver releasing the Hotel from any liabilities or accountability arising from complaints regarding food and/or drinks during the function, brought in without approval from the Hotel Management.




Prevailing Corkage fees shall apply for approved special cases. We highly recommend that special equipment that will be used in the function must be coordinated with the Hotel's engineering department. We would like to ensure that your guests will have enjoyable meeting experience. In line with this, we would like to request that you please advise us of any special meal instruction/dietary restrictions that your participants may need (i.e. vegetarian, no pork and allergies). The use of function rooms beyond the agreed schedule will be subject to extension charges determined by the Hotel.

### III. BILLING ARRANGEMENTS

#### A. Estimated Total Group Cost

DATE	ROOMS/BANQUETS	COMPUTATION	AMOUNT Net
28 NOVEMBER 2019	SPECIAL WHOLE DAY MEETING PACKAGE	Php 1,450.00 net per persons x 19 persons x 1 day	PHP 27,550.00
29 NOVEMBER 2019	SPECIAL WHOLE DAY MEETING PACKAGE	Php 1,450.00 net per persons x 36 persons x 1 day	PHP 52,200.00
GRAND TOTAL:			PHP 79,750.00 NET

#### B. Payment Terms

All organized meals and meeting packages, including authorized expenses incurred during the event, will be charged to **PHILIPPINE HEALTH INSURANCE CORPORATION**.

The hotel shall require signed contract on **13 November 2019, Wednesday**.

- (1) Certificate of Availability of Funds and/or Allocation & Obligation Slip, Notice of Award and Notice to Proceed shall be submitted on **13 November 2019, Wednesday**.
- (2) Total contracted price amounting to **Php 79,750.00** and all incidental charges incurred during the stay shall be settled by the company through **Special Send Bill Arrangement**.
- (3) Full payment of the total contracted price amounting to **Php 79,750.00** and all incidental charges incurred **during the event** shall be settled **15 days** upon receipt of the Statement of Account

#### AUTHORIZED SIGNATORY

Name	Designation	Specimen Signature

For BDO cheque deposit payments, please tick on the dialog box "ON US" (upper right side of deposit slip) to forego bank's standard 3-day clearing process.

Please arrange fund transfer to the following accounts in favor of bank details:

Account Name : **BGIS DEVELOPMENT CORPORATION / LUXENT HOTEL**  
 Bank : **BANCO DE ORO**  
 Bank Address : **Timog Rotonda Branch, Quezon City**  
 Php Current Account # : **1620130023**

**IV. CANCELLATION POLICY / NO SHOW CHARGE**

Luxent Hotel has reserved your function rooms and organized your meals. In the event these services and facilities are not to be used, the Hotel will experience significant monetary loss which will be difficult to calculate due to uncertainty and cost of obtaining replacement business. Therefore, it is agreed that for no shows or any cancellations, the following shall apply:

- Client to pay full **(100%)** of the total contracted amount if cancelled two weeks before or less prior to the date of the event.

**V. DAMAGE**

Should there be any damages to the property of our hotel during your event/function caused either by your staff/guests, we will charge your company for any repair or replacement costs.

**VI. DATA PRIVACY & PROTECTION**

By submitting the above Personal Data, you verify that you have explicitly given your consent to process your Personal Data in accordance with LUXENT HOTEL's Privacy Policy to deliver superior quality of service. For full description on how we process and keep safe your personal data please see our Privacy Policy at: <https://luxenthotel.com/privacy-policy>.

**VII. OTHER TERMS AND CONDITIONS**

1. It is hereby agreed that the hotel shall not be liable for its failure to comply with this agreement or any stipulation thereof, in case of force majeure/fortuitous events or other causes beyond its control.
2. Both parties agree that this contract, constitutes ALL arrangements agreed upon and that there are NO other terms or conditions, verbal or otherwise that exist. Only the services contained in this contract shall be provided by our Operations Group during the event.

We trust that you find everything in order. Kindly indicate your conformity below and send us the duly signed contract on or before **13 November 2019**. Once we receive your signed confirmation, we will contact you to follow-up on the details pertaining to this group and ensure that all arrangements are carried out to your complete satisfaction. Non receipt of a signed copy of this contract by the said date would mean automatic cancellation of your reservation. You may send it to [dana.pojas@luxenthotel.com](mailto:dana.pojas@luxenthotel.com). Should you have further queries, please feel free to call us at +63 2 863 7777. Rest assured that we will provide excellent service and facilities to ensure a pleasant stay at Luxent Hotel.

Thank you.

Sincerely,  
LUXENT HOTEL

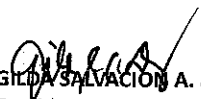
  
**MS. DANIELLE T. POJAS**  
Account Manager

Noted by:  
LUXENT HOTEL

  
**MS. DEANNE M. GUERRERO**  
Sales and Marketing Manager

Conforme:  
**PHILIPPINE HEALTH INSURANCE CORPORATION**

**DR. JANICE GEM P. PERLAS**  
OIC – Health Care Delivery Management Division

  
**MS. GILDA SALVACION A. DIAZ**  
Vice President – PRO NCR