

October 23, 2019

**Ms. Gilda Salvacion A. Diaz**

*Vice President*

**PHILHEALTH REGIONAL OFFICE-NCR**

VCP Bldg. 68 Kalayaan Ave.

Teachers Village West, Quezon City

Mobile: 0921 318 6904

Email: [gansitm@philhealth.gov.ph](mailto:gansitm@philhealth.gov.ph)

[Jheng.cruz@gmail.com](mailto:Jheng.cruz@gmail.com)

**LETTER OF AGREEMENT  
PRO NCR PAIMS FORUM 2019  
DECEMBER 2, 2019**

Dear Ms. Diaz,

Thank you for choosing **Park Inn by Radisson North EDSA** as the venue for the **PRO NCR PAIMS FORUM 2019** on **December 2, 2019**. We have attached the agreement outlining the details as discussed to date.

In order for us to continue to hold the confirmed space, please return the signed agreement by **October 31, 2019**. We look forward to working with you and welcoming your valued guests to **Park Inn by Radisson North EDSA**.

Kind regards,



**CLARISSE MANAHAN**

Events Executive

Mobile: +63917 867 2196

E-Mail: [cmanahan@parkinn.com](mailto:cmanahan@parkinn.com)

**LETTER OF AGREEMENT**

**BETWEEN**

Company Name

**PHILIPPINE HEALTH INSURANCE CORPORATION  
(PHILHEALTH)**

Contact Person

Ms. Melinda Gansit / Ms. Yvonne Fernandez

Designation

Address

VCP Bldg. 68 Kalayaan Ave.

Teachers Village West, Quezon City

Telephone

Fax

Mobile Number

Email Address

0921 318 6904

[gansitm@philhealth.gov.ph](mailto:gansitm@philhealth.gov.ph) /

[jheng.cruz@gmail.com](mailto:jheng.cruz@gmail.com)

**AND**

The Hotel/Resort

**Park Inn by Radisson North EDSA**

Contact Person

Clarisse Manahan

Title

Events Executive

Address

SM City North EDSA Complex, EDSA Corner North Avenue,  
Barangay Bagong Pag-asa, 1125 Quezon City, Metro Manila,  
Philippines

Telephone

+63 2 9441888

Fax

+63 2 9441889

Email Sales Office

[cmanahan@parkinn.com](mailto:cmanahan@parkinn.com)

Email Reservation Department

[reservations.northEDSA@parkinn.com](mailto:reservations.northEDSA@parkinn.com)

Website

<https://www.parkinn.com/hotel-north-edsa>

**Agreement Period**

*This agreement is valid only for the following*

**December 2, 2019**



## I. EVENT REQUIREMENT

Based on the requirements outlined by **PHILIPPINE HEALTH INSURANCE CORPORATION (PHILHEALTH)** the Hotel will be able to reserve the function space below. Kindly advise specific number of persons once finalized.

Date	Day	Start Time	End Time	Function Type	Setup	Min. Guaranteed No. Of People	Function Room
December 2, 2019	MONDAY	8:00AM	6:00PM	Whole Day Meeting	Classroom	146	Makiling 1

*A minimum revenue consumable to Smart Breaks, Lunch and Dinner are required in order to waive the rental of the function space. Otherwise, a room rental fee shall be charged accordingly based on the function space blocked for your group. Should the total food and beverage charges not reach the minimum revenue requirement; the difference will be charged as room rental fee.*

### IMPORTANT:

1. All meeting room, food and beverage, and related services are inclusive of applicable taxes and service charge in effect on the date of the event. 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 requirement should the expected attendance change, subject to availability and with prior agreement with the Organizer.
2. For cancellations or postponements, cancellation policies will apply.
3. For confirmation given less than 3 weeks or 21 days, menu selection will be subject to change depending on the availability of item on the day of the event.
4. Please confirm increase in the minimum guarantee of persons at least one (1) month prior to the function date.
5. The Hotel strictly prohibits racking, sticking and/or hammering any material in the walls, ceilings, floor, doors, and fixture of the venue. In case of damages, the client agreed to be charged accordingly.
6. One (1) week before the function, the CLIENT shall advise the hotel, the reception program and the list and contact number of suppliers, subcontractor they have enlisted related to this event.



7. The consent of the HOTEL to the CLIENT'S bringing in or out of food and beverage items shall not in any way affect or serve to relieve or mitigate the CLIENT'S aforesaid responsibility and liability for the same. The CLIENT shall be solely liable for any personal damages or injuries, including death, that may be suffered by the CLIENTS guests and other persons attending the Function by reason of having partaken of the Food and Beverage items brought in or out by the CLIENT, whether or not due to the unsatisfactory quality or spoil state thereof including responsibility to and for such persons delivering the same. In this regard, the CLIENT undertakes to indemnify and hold the HOTEL free and harmless against any and all claims, suits and actions for damages that may be brought against the hotel by the CLIENT'S guests and other persons attending the Function or delivering the said items

## II. FOOD AND BEVERAGE REQUIREMENTS

### A. Meeting Package

DATE	PACKAGE RATE
December 2, 2019	Whole Day Meeting Package Php 1,450.00 nett per person

#### Inclusions:

- Use of Makiling 1 from 8:00AM-6:00PM
- Meals:
  - Am Snacks, PM Snacks and Buffet Lunch
  - Flowing Coffee and Tea
  - One round of iced tea
- Complimentary use of audio-visual equipment:
  - Regular PA System/Basic Sound System
  - Podium
  - (2) Two Microphones
  - (1) Projector Screen
  - (1) LCD Projector
- Meeting Room Set-up:
  - Set-up: Classroom
  - Registration Table outside meeting room
  - Conference stationaries and pens
  - (1) One Flipchart with papers and markers
  - (1) One Whiteboard with markers and eraser
  - Complimentary wireless internet access in all function rooms
  - Complimentary Parking for 10% of the guaranteed person
  - Candies and Mints

Our **Meeting Packages** include 3% service charge and 13.92% Government taxes.

#### **NOTE:**

- In the event that the group exceeded from the agreed schedule of the use of the meeting room, rate of Php 30,000.00nett per hour per meeting room will/shall apply.

**Minimum Guarantee**

A **minimum guaranteed revenue or attendance 146 persons (Whole Day Meeting) on December 2, 2019** is required per function space you will reserve. Please review and advise us on the minimum guaranteed revenue or attendance two weeks prior the function date. Charges will be made based on the minimum guaranteed revenue or attendance or the actual revenue or attendance, whichever is higher.

**A. Menu Selection**

MEAL TYPE	TIME	ITEM/S
TBA		

**IV. BREAKDOWN OF CHARGES**

**1. Estimated Meal Charges:**

DATE	PACKAGE RATE	NO. OF PERSONS	TOTAL AMOUNT
December 2, 2019	PHP 1,450.00	146	PHP 211,700.00
<b>TOTAL</b>			<b>PHP 211,700.00</b>

**TOTAL ESTIMATED CHARGES**  
**= PHP 211,700.00 NETT**

*For check payment, payee should be **SM PRIME HOLDINGS INC.***

**V. PAYMENT SCHEDULE**

Upon acceptance of this agreement, **Park Inn by Radisson North EDSA** will require **PHILIPPINE HEALTH INSURANCE CORPORATION (PHILHEALTH)** to arrange payment of the following:

Schedule	Remarks
PHP 211,700.00	On send bill arrangement. Duly signed NOA (Notice of Award), NTP (Notice to Proceed) and contract should be received by the hotel on or before <b>October 31, 2019</b>
Personal Incidental Charges	On personal account of the guests unless authorized by the official signatory

**A. CUT-OFF DATES**

As at the date of this Agreement, the requested function space is available but is not currently being held for your event. Kindly advise us on or before **October 31, 2019** if you would like us to tentatively reserve the function space for you. Please note that space availability will be assigned on a first come first served basis.

This agreement is being held on a tentative basis and will only be considered as a definite booking upon receipt of the signed contract and initial deposit. However, should another organization approach us with a commitment to book the proposed dates on a definite basis, you will be advised and given a 48-hour right of refusal. You have the option to confirm your booking or to release the space and the room block in writing any time prior to the expiry of the 48 hours.

## B. CANCELLATION POLICIES

Upon acceptance of this agreement, should any cancellation occur, the hotel is entitled to cancellation fees as follows:

Period	Attrition	Cancellation Charges
60-89 days before the group arrival	Any Rooms and Event blockings released within this period will be subject to cancellation charges.	60% of the total Guestroom and Event charges may be cancelled free of charge
31 days-59 days before the group arrival	Any Rooms and Event blockings released within this period will be subject to cancellation charges.	20% of the total Guestroom and Event charges may be cancelled free of charge
30 days and under	Any Rooms and Events blockings released within this period will be subject to cancellation charges.	100% of the total Guestroom and Event charges will be charged in full

## C. BILLING PROCEDURES

### Master Account

All guestrooms, room rental, organized functions and other meeting and F&D charges authorized by the Authorized Representative shall be charged to the Master Account unless otherwise instructed.

### Individual Account

All incidental charges incurred by guests such as telephone calls, laundry and mini bar shall be billed to the individual's personal account. Settlement of the individual accounts shall be upon check-out either by cash or credit card. Credit card imprint or cash deposit is required upon check-in.

## D. PAYMENT TERMS

### Taxes and Levies

Unless otherwise specified in this agreement, all charges are inclusive of prevailing taxes and levies applicable at the time the bill is presented, but the bill will reflect the total amount payable (i.e. charges plus applicable taxes and levies).

The CLIENT shall not withhold expanded withholding tax (EWT) since the HOTEL is registered under the Board of Investments in accordance with the provisions of the Omnibus Investment Code of 1987 which entitles the HOTEL to an Income Tax Holiday as a New Operator of Tourist Accommodation Facility

**Bank Account Information**

All payments are to be made to the following account, unless otherwise notified by the hotel

NAME OF BANK	:	BANCO DE ORO
ACCOUNT NAME	:	SM Prime Holdings Inc.
ACCOUNT NO.	:	SA 006280599816
SWIFT CODE	:	BNORPHMM

At the end of the event the hotel will present a bill, which will include, but not be limited to, any other charges not specified in this agreement but authorized by the Authorized Representative during the event. Business Partner agrees to make full settlement of the bill upon its presentation.

**Currency**

If payment is made in any currency other than that used by the hotel, Business Partner is responsible for any fluctuation in the currency exchange. The hotel shall be paid the full amount in the currency as charged.

**No Set-Off or Deduction**

Business Partner shall not set-off or deduct any amount from the payments due and payable to the hotel.

**E. FORCE MAJEURE**

Park Inn by Radisson North EDSA shall not be held liable for failure to execute arrangements specified herein directly or indirectly occurred by or through or in consequence of war, strikes, riots and Acts of God or conditions beyond the control of Park Inn by Radisson North EDSA.

**F. INDEMNITY**

Business Partner assumes sole responsibility for, and will indemnify and hold harmless, the hotel, the hotel operator, and their respective employees and agents from and against, all claims, liabilities or damage, arising from or in connection with the Business Partner's event and any person present at or involved in such event.

**G. OTHERS**

**Hotel Policies**

Business Partner shall (and ensure that all persons present at or involved in Business Partner's event) at all times adhere to the policies and procedures of the hotel implemented from time to time.

## Authorized Representative

Business Partner acknowledges and agrees that the hotel is entitled to act in reliance on the authority and instructions of the Authorized Representative in relation to the event and the accommodation, unless otherwise notified in writing by Business Partner.

Name and Designation	Signature
MS. GILDA SALVACION DIAZ, Vice President PHILHEALTH REGIONAL OFFICE-NCR	

## H. GOVERNING LAWS

This agreement is governed by the laws of the Philippines.

### Accepted on behalf of:

Company Name:

PHILIPPINE HEALTH INSURANCE CORPORATION  
(PHILHEALTH)

Printed Name:

MS. GILDA SALVACION DIAZ

Position:

VICE PRESIDENT, PHILHEALTH REGIONAL OFFICE-NCR

Authorized Signature:

Date:

### Offered on behalf of Park Inn by Radisson North EDSA:

Printed Name:

CLARISSE MANAHAN

Position:

Events Executive

Authorized Signature:

Date:

October 23, 2019

### Noted By:

Printed Name:

MS. MEEGEE M. YAP

Position:

Director of Sales and Marketing

Authorized Signature:

Date:

October 23, 2019

### Approved By:

Printed Name:

MR. NILS ROTHBARTH

Position:

General Manager

Authorized Signature:

Date:

October 23, 2019