



YOU ARE THE STAR

June 13, 2016

Control No.: IO2201606-00736G-A

Mr. GERARD A. MOSQUERA
Deputy Ombudsman for LUZON
OFFICE OF THE OMBUDSMAN
3rd Floor Ombudsman Bldg.
Agham Road Quezon City

BANQUET AND CONFERENCE CONTRACT

Dear Sir/Madam,

Thank you for choosing **ICON HOTEL (NORTH EDSA Branch)**, under the management of **WESTFIELDS RESIDENCES INC.**, as your venue for your Live – In Training Seminar. As such, please find below the special package we have arranged for your group.

FUNCTION ARRANGEMENT:

Date of Booking : JUNE 16-17, 2016

LIVE OUT

Guaranteed No. of Person/s : 37 persons

INCLUSIONS : Set AM Snacks, Buffet Lunch, Set PM Snacks

Rate per Person : Php 1,000.00 per Person per Day

Computation:

June 16-17: Php 1,000.00/person x 37 persons x 2 days = Php 74,000.00

TOTAL AMOUNT = PHP 74,000.00

INCLUSIONS:

* Free use of Function Room for 8 Hours

* Candies

* White board / Marker

* Flip Chart

* Free use of audio/ visual equipment (LCD Projector)

* Free Flowing Coffee during seminar hours

* WIFI availability

* Pencils & Papers

* Parking Slots

* (1) Tarpaulin (Lay – out to be provided)

BILLING ARRANGEMENT:

- The Hotel shall accept cancellations made at least 10 working days prior to the event. Cancellations made after this period shall be charged 50% of the projected revenue based on the minimum guaranteed number of participants.
- No credit reduction in charges will be granted for any decrease in the guaranteed covers made within seventy two (72) hours preceding the function. On the other hand, the number of persons may be increased within the same number of hours.
- **MODE OF PAYMENT:** Only Cash, Company Check or Managers Check shall be accepted. Send Bill arrangement is accepted unless otherwise with complete documentation. **GOVERNMENT ACCOUNT** must present **CERTIFICATE OF AVAILABILITY OF FUNDS. CORPORATE ACCOUNT**, if charges shall be shouldered by the company, we shall require a Letter of Authority (LOA) duly signed by your authorized signatory in a company letterhead subject for verification and approval of the Hotel.

BANK ACCOUNT DETAILS

Account Name: WESTFIELDS RESIDENCES INC.
Account No.: 0581-1535-97
Bank Name: LANDBANK (Cubao, QC Branch)
TIN: 008-409-427-000

Leftover Food Waiver:

By signing this contract, I am releasing the Hotel from any liability with regards to possible spoilage or food-borne illness from leftover food removed from the event site. I am aware that the food has been removed from the kitchen approximately one (1) hour prior to the event and that the food has been on display as a buffet for the duration of the event. I am also indicating that I accept full responsibility for removal and safe storage of the removed food.

Should the above merits your approval, kindly sign on the space provided below to signify your conformity.

If you have any more queries and clarifications, please do not hesitate to call us through the following numbers:

Trunk line 556-6583/09173182390.

Thank you very much and see you in ICON Hotel.

Prepared by:

Checked by:

Noted By:

Conforme:

Original signed
Shirly Q. Pomadorso
Sr. Account Executive

original signed
Rhea A. Bombita
Asst. Director of Sales

original signed
Romana M. Abnel
Director of Sales

Date: _____