

Healthcare Forum Partnership Packages

09 July 2025 | 1:00 - 5:30 PM

| MILEAGES | ADVOCACY LEAD (PHP 130,000) | ADVOCACY PARTNER (PHP 100,000) | ADVOCACY SUPPORTER (PHP 70,000) | TABLE TOP PARTNER (PHP 30,000) |
|---|---|--------------------------------------|---------------------------------------|---|
| Speaking Slot (first-come, first-served basis) | ✓ (10-minute speaking slot) | | | |
| Inclusion in social media feature with speakers' photo quotes | ✓ | | | |
| AVP to be played at the beginning and end of the event | 1 minute | 30 seconds | Logo slide | |
| Inclusion of logo in the ECCP Event Banner | ✓ | ✓ | ✓ | ✓ |
| Inclusion in the event press release | ✓ | ✓ | ✓ | |
| Verbal acknowledgment as partner during the event | ✓ | ✓ | ✓ | ✓ |
| Logo inclusion in all event collaterals | ✓ | ✓ | ✓ | ✓ |
| Complimentary seats | 5 | 3 | 2 | 50% off based on Member rate |
| Marketing table (IBM table with 2 chairs; food service not included for staff manning the booth) | ✓ with 2 marketing staff manning the booth | | | ✓ with 2 marketing staff manning the booth |
| Display of roll-up banners (to be provided by the partner company) | 3 | 2 | 1 | 1 |

PARTNERSHIP AGREEMENT FORM

(Please send the completed form via email to events@eccp.com)

We would like to participate in the Healthcare Forum (please check):

- ☐ **Advocacy Lead** (P130,000)
- ☐ **Advocacy Partner** (P100,000)
- ☐ **Advocacy Supporter** (P70,000)
- ☐ **Table Top Partner** (P30,000)

COMPANY NAME: _____

ADDRESS: _____

TEL. NO.: _____

MOBILE NO.: _____

WEBSITE: _____

CONTACT PERSON: _____

DESIGNATION: _____

EMAIL ADDRESS: _____

**NAME AND SIGNATURE OF
AUTHORISED REPRESENTATIVE:** _____

DESIGNATION: _____

DATE SIGNED: _____

Terms and Conditions:

1. This serves as your confirmation to the Healthcare Forum. Full payment is required immediately upon receipt of the billing invoice. Cancellation will be charged accordingly. Written cancellation received:

- **On or before 09 May 2025:** will pay 50% cancellation fee

- **After 09 May 2025:** will pay 100% cancellation fee

2. Billing Invoice will be sent to your office upon receipt of this Confirmation Form.

3. Please make all checks payable to the European Chamber of Commerce of the Philippines, Inc.