

### Tax Forum Partnership Packages

13 August 2026 | 1:00 - 5:00 PM | Dusit Thani

MILEAGES	CO-PRESENTER	ADVOCACY LEAD	ADVOCACY SUPPORTER	TABLE TOP PARTNER	
	MEMBER RATE	PHP 150,000	PHP 120,000	PHP 70,000	PHP 40,000
	NON-MEMBER RATE	PHP 180,000	PHP 145,000	PHP 85,000	PHP 50,000
Panelist Slot	✓				
Inclusion in social media feature with speakers' photo quotes	✓	✓			
AVP to be played during partners' loop	2 minutes	1 minute	Logo slide	Logo slide	
Inclusion of logo in the ECCP Event Banner	✓	✓	✓	✓	
Inclusion in the event press release	✓	✓	✓		
Verbal acknowledgment as during the event	✓	✓	✓	✓	
Logo inclusion in all event collaterals	✓	✓	✓	✓	
Complimentary seats	8	5	2	50% off based on Member rate	
IBM Marketing Table (max of 2 staff manning the booth; inclusive of crew meals)	✓	✓		✓	
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](mailto:events@eccp.com))*

### Kindly complete the details below in BLOCK

Company Name for Verbal Acknowledgement:

\_\_\_\_\_

Contact Person: \_\_\_\_\_ Designation: \_\_\_\_\_

Mobile Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Partnership Tier: \_\_\_\_\_

Member  Non-Member

Partnership Rate for Billing: \_\_\_\_\_

### For Invoice Purposes:

Full Company Name:

\_\_\_\_\_

Full Billing Address:

\_\_\_\_\_

Accounting Contact Person: \_\_\_\_\_ Email Address: \_\_\_\_\_

Company TIN: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

### Terms and Conditions:

1. This serves as your confirmation to the Tax Forum 2026. Full payment is required immediately upon receipt of the billing invoice. Cancellation will be charged accordingly. Written cancellation received:
  - **On or before 15 June 2026:** will pay 50% cancellation fee
  - **After 15 June 2026:** 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.

\_\_\_\_\_

**Authorized Company Representative**

*(Signature over Printed Name)*

\_\_\_\_\_

**Date**