

Healthcare Forum 2026



HEALTHCARE COMMITTEE

Healthcare Forum Partnership Packages

18 June 2026 | 1:00 - 5:30 PM | Makati City

MILEAGES	CO-PRESENTER	ADVOCACY LEAD	ADVOCACY PARTNER	ADVOCACY SUPPORTER	TABLE TOP PARTNER
MEMBER RATE	PHP 350,000	PHP 250,000	PHP 100,000	PHP 70,000	PHP 40,000
NON-MEMBER RATE	PHP 420,000	PHP 300,000	PHP 120,000	PHP 85,000	PHP 50,000
Speaking / Panelist Slot <i>(first-come, first-served basis)</i>	✓ (10-minute speaking slot with panelist slot)	Panelist slot only			
Inclusion in social media feature with speakers' photo quotes	✓	✓			
AVP to be played during partners' loop	2 minutes	1 minute	30 seconds	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	3	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 <i>(to be provided by the partner company)</i>	4	3	2	1	1

PARTNERSHIP AGREEMENT FORM

(Please send the completed form via email to 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 | ☐ Early Bird Rate ☐ Standard Rate

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 Healthcare Forum 2026. Full payment is required immediately upon receipt of the billing invoice. Cancellation will be charged accordingly. Written cancellation received:
 - **On or before 17 April 2026:** will pay 50% cancellation fee
 - **After 17 April 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