

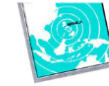


20th JFC Networking Night 27 November 2025 | 6:00PM – 9:00PM | The Bellevue Manila

PARTNERSHIP PACKAGES

MILEAGES	PACKAGE 1 Php35,000	PACKAGE 2 Php25,000	PACKAGE 3 Php20,000	PACKAGE 4 Php10,000	RAFFLE PARTNER (GCs/items worth at least Php 10,000)
Set-up space (1 IBM table will be provided)	✓	✓			
Option for maximum 1-minute (60sec) AVP in the partners' loop during event	✓		✓		
Inclusion of company logo in all marketing collaterals and invites to foreign chambers (300 dpi jpeg file)	✓	✓	✓		
Option to display one (1) banner at designated area at the venue (standee/roll-up banner only)	✓	✓	✓	✓	✓
Inclusion of company logo in the partners' loop during event	✓	✓	✓	✓	✓
Recognition during the program	✓	✓	✓	✓	✓
Member's rate for additional registered attendees	✓	✓	✓	✓	✓
Copy of attendees' database (with consent)	✓	✓	✓	✓	✓
Complimentary entry to the event	3	2	1	1	50% discount

THE JOINT FOREIGN
CHAMBERS OF COMMERCE
AMCHAM • CANCHAM • ECCP JCCPI
• KCCP • PAMURI



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PARTNERSHIP CONFORME

Kindly email the accomplished form, along with your hi-res company logo to events@eccp.com

We would like to participate in the 20th JFC Clark International Mixer: (please check)

- | | |
|---|--|
| <input type="checkbox"/> PARTNER PACKAGE 1 (PHP 35,000) | <input type="checkbox"/> PARTNER PACKAGE 4 (PHP 10,000) |
| <input type="checkbox"/> PARTNER PACKAGE 2 (PHP 25,000) | <input type="checkbox"/> RAFFLE PARTNER (at least PHP 10,000 worth of items) |
| <input type="checkbox"/> PARTNER PACKAGE 3 (PHP 20,000) | |

Kindly complete the details below in BLOCK

Company Name for Verbal Acknowledgement: _____

Contact Person: _____ Designation: _____

Mobile Number: _____ Email Address: _____

Details of items (Only for Non-Cash Sponsors): _____

For Invoice Purposes:

Full Company Name: _____ Full Billing Address: _____

Accounting Contact Person: _____ Company TIN: _____

Telephone Number: _____ Email Address: _____

Terms and Conditions:

1. This serves as your contract and confirmation to the 20th JFC Networking Night. Full payment is required immediately upon receipt of the billing invoice. Cancellation will be charged accordingly. Written cancellation received:
 - **On or before 27 October 2025:** will pay 50% cancellation fee
 - **After 27 October 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.

Authorized Company Representative (Signature over Printed Name)

Date