

International Women's Day 2026

Women Who Shape Tomorrow:
Giving to Gain Progress



International Women's Day 2026 Partnership Packages

11 March 2026 | 1:00 PM to 6:00 PM | Makati City

CATEGORY	EVENT PARTNER	EVENT SUPPORTER	TABLETOP PARTNER	BEVERAGE PARTNER
MEMBER RATE	100,000	80,000	40,000	Ex-deal
NON-MEMBER RATE	120,000	95,000	50,000	
MILEAGES				
Logo inclusion in all electronic marketing efforts (e.g. circulars, social media, event webpage, program)	✓	✓	✓	✓
Verbal Acknowledgment as Partner	✓	✓	✓	✓
Speaking/Panelist slot	10-minute speaking slot & Panelist slot during panel discussion	Panelist slot only		
Company AVP to be played before and after the event	2-minute AVP	1-minute AVP	Logo Slide	Logo slide
Complimentary pass to the event (onsite)	8	5		2
Database of Attendees (only those who agreed to share their details)	✓			
Logo inclusion in post-event social media collaterals	✓	✓	✓	✓
Display of pull-up banner (to be provided by the company)	2	1	1	1
Marketing table at the event venue (with max 2 marketing staff manning the booth, inclusive of crew meals)	✓	✓	✓	

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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 Nutrition Forum 2026. Full payment is required immediately upon receipt of the billing invoice. Cancellation will be charged accordingly. Written cancellation received:

- **On or before 22 May 2026:** will pay 50% cancellation fee

- **After 22 May 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