



Republic of the Philippines  
DEPARTMENT OF HEALTH  
**PHILIPPINE CHILDREN'S MEDICAL CENTER**

Quezon Avenue, Quezon City 1100  
website: [www.pcmc.gov.ph](http://www.pcmc.gov.ph) email: [officeofthedirector@pcmc.gov.ph](mailto:officeofthedirector@pcmc.gov.ph)  
Trunk Line: 8588-9900 to 20 Direct Line: 8924-6601

**NOTICE OF AWARD**  
**NOA-2022-187**

**NORTH TRIANGLE HOTEL VENTURES, INC.**  
Sola Cor. Lux Drives, Vertis North,  
Quezon City City  
Email Address: [yvanovich.liezl@sedahotels.com](mailto:yvanovich.liezl@sedahotels.com)

Dear Sir / Madam:

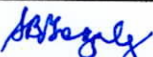
Please be informed that we are procuring the following services to you through Negotiated Procurement-Lease of Real Property and Venue per RFQ 2022-645.

Item No.	QTY	UNIT	ITEM DESCRIPTION	UNIT COST	TOTAL AMOUNT
	14	pax	<b>Venue with Meal package</b> Date: December 4, 2022 Time: 8AM-5PM <b>Whole day Meeting package - Buffet at MISTO</b> Inclusive: ▶ Two (2) tea break snacks (AM & PM) ▶ One (1) Buffet Lunch at Misto Restaurant ▶ One round iced tea during lunch ▶ Free flowing coffee and tea services ▶ complimentary use of venue for the contracted time ▶ Use of basic sound system with microphone ▶ LCD Projector & Screen ▶ WI-FI Internet Access for the duration of the event (3mbps) ▶ Acrylic Podium, Digital Signage ▶ Conference Pads & Pencils, 1 Flipchart with markers ▶ Mints for all participants ▶ Complimentary parking tickets ((based on 10% of the total guaranteed persons)	2,700.00	37,800.00
		<b>Total Amount</b>			<b>37,800.00</b>

**Terms and Conditions :**

» The supplier should render the services called for in the Purchase Order (PO) within the stated schedules upon receipt of approved PO through fax or personal received during office hours at the Procurement Division.

» PCMC has the right to reject any or all bids without offering any reason, waive any required formality and award the contract to any bidder whose proposals as evaluated by PCMC is the most advantageous to the government.

  
**SONIA B. GONZALEZ, MD MSCHSM, MPM**  
Executive Director

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*Conforme:*

This is to certify that the company has authorized me to accept this award, sign all related documents and hold the company bound by rules and laws applicable thereto.

\_\_\_\_\_  
Authorized Signatory  
(Signature over printed name)

\_\_\_\_\_  
Designation

\_\_\_\_\_  
Date