



**PRINCIPALS' TRAINING CENTER
FOR INTERNATIONAL SCHOOL LEADERSHIP
2012 Institutes LONDON**

SELSDON PARK HOTEL & GOLF CLUB | SANDERSTEAD, SURREY
Extra Nights Booking Form

**Please complete this form and send directly to:
Selsdon Park Hotel & Golf Club**

Tel: +44 (0) 208 657 8811 Fax: +44 (0) 208 657 3401

Mailing Address: 126 Addington Road, Sanderstead, South Croydon, Surrey, CR2 8YA UK

E-Mail: selsdon.reservations@principal-hayley.com

For your information, I am a participant in the PTC group indicated below and will be on their group list for:

- PTC London Session 1: (26 June - 2 July 2012) PTC London Session 2: (4-10 July 2012)
 PTC London Session 3: (12-18 July 2012)

In addition to the nights booked through the PTC for the above session(s), I require accommodation for the following nights
(at the **special PTC rate £100 single; £115 twin including VAT and breakfast**)

Please select the room type (only select double room if you have a roommate for your extra night/s - Selsdon cannot pair you for extra nights):

___ Single (private) room £100/night with breakfast ___ Double (shared) room £115/night with breakfast

Please mark in front of or circle the requested dates:

June ___23 • ___24 • ___25 July ___2 • ___3 July ___10 • ___11 July ___18 • ___19 • ___20

Total # of nights ___ x rate from above ___ = £ ___



My name is: _____

Roommate name (if applicable): _____

Mailing address: _____

Fax: _____ Tel: _____ Email: _____

PAYMENT:

VISA MASTERCARD AMEX OTHER _____

Card Number _____ Billing Phone: _____

Exp. Date _____ Billing Address _____

Cardholder Name _____ Security Code: _____

Cardholder Signature _____

Requests for reservations will be accepted based on availability and will be confirmed via email. Reservations may be cancelled 24 hours prior to arrival without penalty.

If you will be paying with a credit card that you will NOT be bringing to London, fill out the attached THIRD PARTY PAYMENT FORM, fax it to the hotel with this form and bring it with you to London.

**Fax this form and other documents to +44 (0) 208 6573401 or gUj YUbX Ymail to: gY gXcb fYgYfj Ujcbg4 dfj bVjdU l UnYmW a
(Attn: Clare Ashton / Sarah Bristow (Reservation Manager)).**



3rd Party Payment Form

**Please note that this form must be returned
Together with a copy of both side of the credit card, to be valid.**

To:		Date:	
Company:		Fax No:	

Credit Card Holder's Name	
Address	
Type Of Credit Card	
Card Number	
Expiry Date	
Security Code	

The Above Cardholder Will Pay for:

Guest Name	
Confirmation Number (optional)	
Specify dates of your extra nights	
Rate: £100 (single) or £115 (twin)	£ .-inc VAT & Breakfast/Room Only

Charge For:

Room Only		Room & Breakfast		Extras Only	
Full Account		Others			

I authorize Selsdon Park Hotel & Golf Club to charge my credit card for the agreed amount.

Approval Signature: _____

Date: _____

* Please return with your Extra Nights Accommodation Form



principal hayley

An Inspirational Hotel & Venue Collection