



**TEACHER 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 Course**

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 TTC group indicated below and will be on their group list for:

- TTC London Session 1: (23-27 June 2012)**       **TTC London Session 2: (29 June-3 July 2012)**

In addition to the nights booked through the TTC 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 nights - 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 \_\_\_20 • \_\_\_21 • \_\_\_22      June \_\_\_27 • \_\_\_28      July \_\_\_3 • \_\_\_4 • \_\_\_5

**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 save and email to: selsdon.reservations@principal-hayley.com (Attn: Clare Ashton / Sarah Bristow (Reservation Manager)).**



### 3<sup>rd</sup> Party Payment Form

Please note that this form must be returned  
Together with a copy of both sides 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 & Golf Club to charge my credit card for the agreed amount.

Approval Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\* Please return with your Extra Nights Accommodation Form

