



PRINCIPALS' TRAINING CENTER
FOR INTERNATIONAL SCHOOL LEADERSHIP
2017 Institutes LONDON

Extra Nights Booking Form



Please complete this form and send directly to:
De Vere Selsdon Estate

Tel: +44 (0) 208 657 3100 Fax: +44 (0) 208 657 3401 Attn: Clare Ashton
Mailing Address: 126 Addington Road, Sanderstead, South Croydon, Surrey, CR2 8YA UK
E-Mail: clare.ashton@devere.com

For your information, I am a participant in the PTC group indicated below and will be on their group list for:
(mark all that apply)

- PTC London Session 1: (19-25 June 2017)
PTC London Session 2: (27 June - 3 July 2017)
PTC London Session 3: (5-11 July 2017)
PTC London Session 4: (13-19 July 2017)

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 the requested dates:

- June 16, 17, 18, June 25, 26, July 3, 4, July 11, 12, July 19, 20, 21

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 E-mail it to clare.ashton@devere.com
Attn: Clare Ashton (Reservation Manager)

Selsdon Park Hotel 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 De Vere Selsdon Estate to charge my credit card for the agreed amount.

Approval Signature: _____

Date: _____

* Please return with your Extra Nights Accommodation Form