



THE LEELA PALACE
CHENNAI



Address: The Leela Palace Chennai, Adyar Seaface, 175 Sathya Dev Avenue Ext, M.R.C Nagar,
Chennai 600 028, India, **Phone:** +91 (44) 3366 1234 ;

Contact Person: Ms. Chaitanya Pillai, Mobile: +91 8754439898 .

For Reservations please send the filled form to groups@theleela.com & chaitanya.pillai@theleela.com

The deadline for making hotel reservation is 15th November ' 2 0 1 7 .

PLEASE NOTE : NO AIRPORT TRANSFERS FROM THE HOTEL

Room Type	Special Rate	
	Single occupancy	Double occupancy
Deluxe City View Room (538 sq.ft.)	INR 6,000	INR 7,000

Room Inclusions:

- ✓ Buffet Breakfast at a designated venue from the next day of arrival.
- ✓ Complimentary Wi-Fi
- ✓ Complimentary in-room tea/coffee making facility.
- ✓ Accommodation in well-appointed rooms as per the above grid.
- ✓ Complimentary usage of the Swimming Pool and gymnasium.
- ✓ Standard Check-in time is 1400 hrs and check-out time is 1200 hrs.
- ✓ Early check-in and late check-out will only be given subject to availability

****The above rates are inclusive of applicable GST****

Early Check In & Late Check-out:

- ✓ Check-in prior to 0600 hrs will attract 100% of the applicable room rate. Reservation to be processed from the previous day.
- ✓ Check-in between 0600 hrs to 0900 hrs will attract 50% of the room rate. Reservation to be processed from the previous day.
- ✓ Check-in between 0900 hrs to 1400 hrs will be treated as a special request and a room may be provided on subject to availability
- ✓ Check-out between 1200 hrs to 1800 hrs on free of cost subject to room availability.
- ✓ Check-out between 1800 hrs 2100 hrs will attract 50% of the applicable room rate.
- ✓ Check-out after 2100 hrs will attract 100% of the applicable room rate.

***Request for early check-in and/or late check-out will be subjected to room availability*.**



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30th PRINCIPALS CONFERENCE HOTEL RESERVATION FORM

(PLEASE COMPLETE THIS FORM NEATLY AND LEGIBLY)

General Information

First Name: ----- Last Name: -----

Name of the School: ----- Country: -----

Address: -----

E-mail address ----- Mobile No: ----- off No: -----

Room Accommodations

***Please tick the appropriate box.**

Room for single occupancy

Room for Double occupancy

Non-smoking

Smoking

Double/King bed

Twin bed

Above preferences cannot be guaranteed and are subject to availability. **So book before deadline expires*

Method of Payment & Guarantee – Please tick one

Credit card: AMEX DINERS VISA MASTER NEFT

Other (Please specify) : _____

Credit card Number: _____

Amount Paid & Date: -----

BANK DETAILS FOR REMITTANCE FROM ABROAD & NEFT TRANSFER

Bank Name : State Bank of India (SBI)

Account Name : HOTEL LEELA VENTURE

LTD., CHENNAI Account Number : **32609021875**

RTGS/IFSC CODE : **SBIN0006070**

Address : State Bank of India, Commercial Branch, N.G.N Vaidya Marg, Fort, Mumbai - 400001

****Cancellation policy: Post agreement 100% of retention will be applicable. ****

ARRIVING ON: ----- **DEPARTURE ON:** -----

Signature: _____

Date: _____

Kindly mark a copy of this reservation form to : 30principalsconferencekuwait@gmail.com for information and assistance