

TEXAS MUNICIPAL COURTS EDUCATION CENTER
FY17 REGISTRATION FORM
Understanding Poverty and Its Intersection with Criminal Justice Conference

Conference Date: November 28-29, 2016

Conference Site: Omni Southpark Hotel Austin

Note: There is no fee for CLE at the *Understanding Poverty and Its Intersection with Criminal Justice Conference*.

Name (please print legibly): Last Name: _____ First Name: _____ MI: _____

Names you prefer to be called (if different): _____ Female/Male (circle one)

Position held: _____ Date appointed/hired/elected: _____ Are you also a mayor?: Y/N (circle one)

Emergency contact (Please include name and contact number): _____

HOUSING INFORMATION
Note: \$50 a night private single room fee

TMCEC will make all hotel reservations from the information you provide on this form. TMCEC will pay for a **double occupancy room** at the *Understanding Poverty and Its Intersection with Criminal Justice Conference*. To share with a specific seminar participant, you must indicate that person's name on this form. Only one night hotel accommodations provided for this training (November 28th).

I request a private room (\$50.00 fee). TMCEC can only guarantee a private room, type of room (queen, king, or with 2 double beds*) is dependent on hotels availability. Special Request: _____

I request a room shared with a seminar participant. Room will have 2 double beds. TMCEC will assign roommate or you may request roommate by entering seminar participant's name here: _____

I do not need a room at the seminar.

Municipal Court of: _____ Email Address: _____

Court Mailing Address: _____ City: _____ Zip: _____

Office Telephone #: _____ Court #: _____ Fax: _____

Primary City Served: _____ Other Cities Served: _____

I have read and accepted the cancellation policy, which is outlined in full on page 10-11 of the Academic Catalog and under the Registration section of the website, www.tmcec.com. **Full payment is due with the registration form. Registration shall be confirmed only upon receipt of the registration form (with all applicable information completed) and full payment of fees.**

Participant Signature (may only be signed by participant)

Date

PAYMENT INFORMATION:

Registration Fee: \$ 50 + Housing Fee: \$ _____ = Amount Enclosed: \$ _____

Check Enclosed (*Make checks payable to TMCEC.*)

Credit Card

Credit Card Payment:

Amount to Charge: _____ Credit Card Number _____

Expiration Date _____

Credit card type:

\$ _____

MasterCard

Visa

Name as it appears on card (print clearly): _____

Authorized signature: _____

Please return completed form with payment to TMCEC at 2210 Hancock Drive, Austin, TX 78756, or fax to 512.435.6118.