

**TEXAS MUNICIPAL COURTS EDUCATION CENTER
FY18 REGISTRATION FORM:**

**Regional Judges & Clerks Seminar, Court Administrators, Bailiffs & Warrant Officers, Traffic Safety,
Level III Assessment Clinic, and Juvenile Case Managers**

Conference Date: _____ Conference Site: _____

Check one:

- Non-Attorney Judge (\$100)
- Attorney Judge not-seeking CLE credit (\$100)
- Attorney Judge seeking CLE credit (\$200)
- Regional Clerks (\$100)

- Traffic Safety Conference - Judges & Clerks (\$100)
- Level III Assessment Clinic (\$150)
- Court Administrators Seminar (\$150)
- Bailiff/Warrant Officer (\$150)
- Juvenile Case Manager (\$150)

By choosing TMCEC as your MCLE provider, attorney-judges help TMCA pay for expenses not covered by the Court of Criminal Appeals grant. Your voluntary support is appreciated. The CLE fee will be deposited into the grantee's private fund account to cover expenses unallowable under grant guidelines, such as staff compensation, membership services, and building fund.

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

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

Position held: _____ Date appointed/hired/elected: _____ Are you also a mayor?: _____

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

HOUSING INFORMATION - Note: \$50 single room fee each night

TMCEC will make all hotel reservations from the information you provide on this form. TMCEC will pay for a double occupancy room for two nights with another seminar participant at all regional judges and clerks seminars. To share with a specific seminar participant, you must indicate that person's name on this form. If you do not wish to share, please add \$50 a night for a single room. I request

- a private room (\$50 per night : ____ # of nights x \$50 = \$_____). TMCEC can only guarantee a private room; type of room (queen, king, or two double beds*) is dependent on hotels availability. Special Request: _____
- a room shared with a seminar participant. Room will have two 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.

Hotel Arrival Date (this **must** be filled out in order to reserve a room): _____

*If you bring a companion with you to stay in the hotel, the hotel reserves the right to charge an additional fee.

Municipal Court of: _____ Email Address: _____

Court Mailing Address: _____ City: _____ Zip: _____

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

Primary City Served: _____ Other Cities Served: _____

***Bailiffs/Warrant Officers:** Municipal judge's signature required to attend Bailiffs/Warrant Officers' program.

Judge's Signature: _____ Date: _____

Bailiff DOB: _____ TCOLE PID # _____

I have read and accepted the cancellation policy, which is outlined in full on page 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/CLE Fee: \$ _____ + **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: _____

Receipts are automatically sent to registrant upon payment. To have an additional receipt emailed to your finance department list email address here: