

**TEXAS MUNICIPAL COURTS EDUCATION CENTER
FY18 REGISTRATION FORM:
Impaired Driving Symposium**

Conference Date: August 2-3, 2018

Conference Site: Horseshoe Bay Resort
Horseshoe Bay, TX

Check one:

- Non-Attorney Judge (\$50*)
- Attorney Judge not-seeking CLE credit (\$50*)
- Attorney Judge seeking CLE credit (\$50*)

Note: There is no fee for CLE at the Impaired Driving Symposium.

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): _____

Municipal Court of: _____ Email Address: _____

Court Mailing Address: _____ City: _____ Zip: _____

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

Primary City Served: _____ Other Cities Served: _____

HOUSING INFORMATION

TMCEC will make all hotel reservations from the information you provide on this form. To share with another seminar participant, you must indicate that person's name on this form.

I request a private room. TMCEC can only guarantee a private room, type of room (queen, king, or double beds**) is dependent on hotel's 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.

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.

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 Fee: **\$50*** Amount Enclosed: \$ _____

- Check Enclosed (*Make checks payable to TMCEC.*)
- Credit Card

Credit card type: Amount to Charge: \$ _____ Credit Card Number: _____

MasterCard Expiration Date: _____

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.

*Registration Fee Subject to Change