

**TEXAS MUNICIPAL COURTS EDUCATION CENTER
FY17 REGISTRATION FORM:
New Judges, New Clerks, and Prosecutors Conferences**

Conference Date: _____ Conference Site: _____

Check one:

<input type="checkbox"/> New, Non-Attorney Judge Program (\$200) <input type="checkbox"/> New Clerk Program (\$200) <input type="checkbox"/> Non-municipal prosecutor seeking CLE credit (\$450) <input type="checkbox"/> Non-municipal prosecutor not seeking CLE credit (\$350)	<input type="checkbox"/> Prosecutor not seeking CLE/no room (\$150) <input type="checkbox"/> Prosecutor seeking CLE/no room (\$250) <input type="checkbox"/> Prosecutor not seeking CLE/with room (\$300) <input type="checkbox"/> Prosecutor seeking CLE/with room (\$400)
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By choosing TMCEC as your MCLE provider prosecutors 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: _____ Years experience: _____
 Emergency contact (Please include name and contact number): _____

HOUSING INFORMATION

TMCEC will make all hotel reservations from the information you provide on this form. **TMCEC will pay for a single occupancy room at the following seminars:** four nights at the new judges seminars, four nights at the new clerks seminars, and two nights at the prosecutors conference (if selected). To share with another seminar participant, you must indicate that person's name on this form.

I need a private, single-occupancy room. TMCEC can only guarantee a private room; type of room (queen, king or two double beds*) is dependent on hotels availability. Special Request: _____

I need a room shared with a seminar participant. Room will have two double beds. TMCEC will assign you a roommate or you may request a 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: _____

STATUS (*Check all that apply*):

- Full Time Part Time Attorney Non-Attorney Court Clerk Deputy Court Clerk
 Presiding Judge Court Administrator Prosecutor Mayor (*ex officio* Judge)
 Associate/Alternate Judge Justice of the Peace Other _____

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 and full payment of fees.**

Participant Signature (May only be signed by participant)

Date

PAYMENT INFORMATION: Payment **will not** be processed until all pertinent information on this form is complete.

Check Enclosed (*Make checks payable to TMCEC*) **Amount Enclosed:** \$ _____

Credit Card

Credit Card Payment:

	<i>Amount to Charge:</i>	<i>Credit Card Number</i>	<i>Expiration Date</i>
<i>Credit card type:</i>	\$ _____	_____	_____

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:
