

**TEXAS MUNICIPAL COURTS EDUCATION CENTER  
FY18 REGISTRATION FORM:  
New Judges, New Clerks, and Prosecutors Conferences**

Conference Date: \_\_\_\_\_ Conference Site: \_\_\_\_\_

**Check one:**

- New, Non-Attorney Judge Program (\$250)
- New Clerk Program (\$250)
- Non-municipal prosecutor seeking CLE credit (\$450)
- Non-municipal prosecutor not seeking CLE credit (\$350)

- Prosecutor not seeking CLE/no room (\$150)
- Prosecutor seeking CLE/no room (\$250)
- Prosecutor not seeking CLE/with room (\$300)
- Prosecutor seeking CLE/with room (\$400)

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 cancelation 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:

*Credit card type:*    *Amount to Charge:*    *Credit Card Number*    *Expiration Date*  
 \$ \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_

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:**

\_\_\_\_\_