

**TEXAS MUNICIPAL COURTS EDUCATION CENTER
FY15 REGISTRATION FORM:**

Regional Judges & Clerks Seminar, Court Administrators, Bailiffs & Warrant Officers, Level III Assessment Clinic, and Traffic Safety Conferences

Conference Date: _____ Conference Site: _____

Check one:

Non-Attorney Judge (\$50)
 Attorney Judge not-seeking CLE credit (\$50)
 Attorney Judge seeking CLE credit (\$150)
 Regional Clerks (\$50)

Traffic Safety Conference - Judges & Clerks (\$50)
 Level III Assessment clinic (\$100)
 Court Administrators Seminar (\$100)
 Bailiff/Warrant Officer (\$100)

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 a night 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 all regional judges and clerks seminars**. To share with a specific seminar participant, you must indicate that person's name on this form.

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 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.

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: _____

I plan to attend the following sessions in their entirety:

Day 1: Pre-Conference, 1 p.m. – 5 p.m. (4 hours)
(In Tyler, Addison and South Padre Attorney judges seminars, the pre-conference will be a post-conference and will be on Day 3, 1 p.m.-5 p.m.)

Day 2: Seminar, 8 a.m. – 5 p.m. (8 hours)

Day 3: Seminar, 8 a.m. – Noon (4 hours)

***For judges only: I understand that if I do not attend Day 3 in its entirety, then I am not allowed a hotel room at grant expense on the evening of Day 2. All judges are allowed a hotel at grant expense on the evening of Day 1.**

***Bailiffs/Warrant Officers:** Municipal judge's signature required to attend Bailiffs/Warrant Officers' program.
 Judge's Signature: _____ Date: _____
 DOB: _____ TCOLE PID # _____

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/CLE Fee: \$ _____ + Housing Fee: \$ _____ = Amount Enclosed: \$ _____

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

Credit Card Payment:

| | | | |
|-------------------------------------|---|---------------------------|------------------------|
| <i>Credit card type:</i> | <i>Amount to Charge:</i> | <i>Credit Card Number</i> | <i>Expiration Date</i> |
| <input type="checkbox"/> MasterCard | \$ _____ | _____ | _____ |
| <input type="checkbox"/> 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.