

\*Please ensure to complete this form in its entirety.

Last Name:		First:		MI:	
Title:		Primary City R	epresented:		
Email Addre	ess (must be unique; l	not a shared email addre	ss):		
Appointmer	nt/Election/Hire Dat	e:			
Have you ev	er worked in anothe	er court? Yes No			
If yes, pleas	e list court(s) and la	st working date:			
Check Whic	h Best Aligns with Y	our Position:			
Clerk	Deputy Clerk	Court Administrator	Court Manager	Court Interpreter	
Judge (c	choose Attorney or No	on-Attorney below):			
Atto	rney (State Bar #:		)		
	-Attorney is there currently a ci	ty ordinance providing fo	r the appointment or e	election of the municipal judge?)	:
Yes	3				
No					
Prosecutor (State Bar #:			)		
Other:			_		
Current C	ourt Mailing Add	ress:			
Street Name	e and Number OR P.	O. Box:			_
City:		County:	:	Zip:	_
Court Telephone: Office Telephor		one:	Fax:	_	
Is this court	a court of record?	Yes No			
Do you activ	ely work in any othe	er courts? Yes No	If yes, please list	court(s):	

## **Exhibitor Information**

Exhibitors at TMCEC events are provided a list of registered participants containing the names, offices held, and the cities they represent. Participants may, however, opt out of having this information shared by checking the box DO NOT SHARE below.

DO NOT SHARE