

**TEXAS MUNICIPAL COURTS EDUCATION CENTER
FY12 REGISTRATION FORM:
New Judges & New Clerks, Bailiffs & Warrant Officers, and Prosecutors Conferences**

Conference Date: _____ Conference Site: _____

Check one:

- New, Non-Attorney Judge Program (\$200)
- New Clerk Program (\$200)
- Bailiff/Warrant Officer* (\$150)
- Non-municipal prosecutor seeking CLE credit (\$500)

- Prosecutor not seeking CLE/no room (\$200)
- Prosecutor seeking CLE/no room (\$300)
- Prosecutor not seeking CLE/with room (\$350)
- Prosecutor seeking CLE/with room (\$450)

By choosing TMCEC as your MCLE provider, attorney-judges and 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 is 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: _____

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, three nights at the new clerks seminars, two nights at bailiffs/warrant officers seminar, 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.
- I need a room shared with a seminar participant. [Please indicate roommate by entering seminar participant's name: _____ (Room will have 2 double beds.)]
- I need a private double-occupancy room, but I'll be sharing with a non-participating guest. [I will pay additional cost, if any, per night]
 I will require: 1 king bed 2 double beds
- I do not need a room at the seminar.

Hotel Arrival Date (this must be filled out in order to reserve a room): _____ Smoker Non-Smoker

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
- Bailiff/Warrant Officer
- Justice of the Peace
- Other _____

***Bailiffs/Warrant Officers:** Municipal judge's signature required to attend Bailiffs/Warrant Officers' program.

Judge's Signature: _____ Date: _____
 Municipal Court of: _____ TCLEOSE PID # _____

I certify that I am currently serving as a municipal judge, prosecutor, or court support personnel in the State of Texas. I agree that I will be responsible for any costs incurred if I do not cancel at least 10 business days prior to the conference. I agree that if I do **not** cancel at least 10 business days prior to the event that I am **not** eligible for a refund of the registration fee. I will first try to cancel by calling the TMCEC office in Austin. If I must cancel on the day before or day of the seminar due to an emergency, I will call the TMCEC registration desk at the conference site IF I have been unable to reach a staff member at the TMCEC office in Austin. If I do not attend the program, TMCEC reserves the right to invoice me or my city for meal expenses, course materials and, if applicable, housing (\$85 or more plus tax per night). I understand that I will be responsible for the housing expense if I do not cancel or use my room. If I have requested a room, I certify that I work at least 30 miles from the conference site. **Payment is due with the registration form. Registration shall be confirmed only upon receipt of registration form and payment.**

 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.)
- Credit Card

Credit Card Payment:

Credit Card Payment: _____
 Credit Card Number _____ Expiration Date _____
 Credit card type: Amount to Charge: _____
 MasterCard \$ _____
 Visa Name as it appears on card (print clearly): _____
 Authorized signature: _____

Please return completed form with payment to TMCEC at 1609 Shoal Creek Blvd., Suite 302, Austin, TX 78701, or fax to 512.435.6118.