

**TEXAS MUNICIPAL COURTS EDUCATION CENTER
FY12 REGISTRATION FORM:**

Regional Judges & Clerks, Assessment Clinic, Court Administrators, 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)
- Clerk/Court Administrator (\$50)

- Traffic Safety Conference - Judges & Clerks (\$50)
- Assessment Clinic (\$100)
- Court Administrator Seminar - June (\$100)

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 - 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, the level III assessment clinic, the court administrators conference, and the traffic safety conference: To share with a specific seminar participant, you must indicate that person's name on this form.

- I request a private, single-occupancy room (\$50 per night : ____ # of nights x \$50 = \$____)
- 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 request a private double-occupancy room, but I'll be sharing with a non-participating guest. I will pay additional cost (\$50 per night : ____ # of nights x \$50 = \$____). 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 Juvenile Case Manager Other _____
- Presiding Judge Court Administrator Justice of the Peace
- Associate/Alternate Judge Court Clerk/Deputy Clerk Mayor (*ex officio* Judge)

I certify that I am currently serving as a municipal judge 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.

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

- Check Enclosed (Make checks payable to TMCEC.)
- 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: _____

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