

Transfer Request

Name: _____

Primary City Represented: _____

Address: _____

Telephone: _____ Fax: _____ Email: _____

Position:

- Judge Court Administrator Court Clerk
 Prosecutor Bailiff/Warrant Officer Other: _____

Check one of the following:

- Transfer to another program within ten (10) working days before the conference start date (No refund requested).

From location and dates: _____

To location and dates: _____

HOUSING INFORMATION

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 guest. [I will pay additional cost, if any, per night]
I will require: 1 king bed 2 double beds

Arrival date: _____ Smoking Non-Smoking

I do not need a room at the seminar.

- Transfer to another person for same conference within three (3) working days before conference start date – Please include a Registration Form for new attendee (No refund requested).

From (Name): _____

To (Name): _____

(location & date): _____

Payment information:

Amount: _____ Check/CC#: _____

Reason for Cancellation/Transfer: _____

Signature _____

Date _____

**Mail completed form to:
TMCEC 1609 Shoal Creek Blvd., Suite 302 Austin, TX 78701
or send by FAX 512.435.6118**

For TMCEC Use

Comments: _____

_____ TMCEC Staff Signature

_____ Date

Approved for refund – Executive Director