

**TEXAS MUNICIPAL COURTS EDUCATION CENTER
FY10 REGISTRATION FORM**

Conference Date: _____
Conference Site: _____

Check one:

- | | | |
|---|---|--|
| <input type="checkbox"/> New, Non-Attorney Judge or
New Clerk at 32-hour program (\$200) | <input type="checkbox"/> Traffic Safety Conference - Judges & Clerks (\$50) | <input type="checkbox"/> Prosecutor not seeking CLE/no room (\$200) |
| <input type="checkbox"/> Non-Attorney Judge (\$50) | <input type="checkbox"/> Clerk/Court Administrator (\$50) | <input type="checkbox"/> Prosecutor seeking CLE/no room (\$300) |
| <input type="checkbox"/> Attorney Judge not seeking CLE credit (\$50) | <input type="checkbox"/> Bailiff/Warrant Officer* (\$150) | <input type="checkbox"/> Prosecutor not seeking CLE credit (\$350) |
| <input type="checkbox"/> Attorney Judge seeking CLE credit (\$150) | <input type="checkbox"/> Assessment Clinic (\$100) | <input type="checkbox"/> Prosecutor seeking CLE credit (\$450) |
| | <input type="checkbox"/> 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. (For more information, see the TMCEC Academic Schedule)

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 all seminars:** four nights at the new judges/clerks seminars, three nights at the assessment clinics, and two nights at the regional seminars. To share with another 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 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.
Arrival date: _____ 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*):

- | | | | | |
|--|--|---|---------------------------------------|---|
| <input type="checkbox"/> Full Time | <input type="checkbox"/> Part Time | <input type="checkbox"/> Bailiff/Warrant Officer/Marshal* | <input type="checkbox"/> Court Clerk | <input type="checkbox"/> Deputy Court Clerk |
| <input type="checkbox"/> Presiding Judge | <input type="checkbox"/> Attorney | <input type="checkbox"/> Non-Attorney | <input type="checkbox"/> Prosecutor | <input type="checkbox"/> Mayor (<i>ex officio</i> Judge) |
| <input type="checkbox"/> Court Administrator | <input type="checkbox"/> Associate/Alternate Judge | <input type="checkbox"/> Justice of the Peace | <input type="checkbox"/> Other: _____ | |

***Bailiffs/Warrant Officers/Marshals:** Municipal judge's signature required to attend Bailiff/Warrant Officer programs.

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 10 working days prior to the conference. I agree that if I do **not** cancel 10 working 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

- Check Enclosed (*Make checks payable to TMCEC.*)
 Credit Card (*Complete the following; \$5.00 will be added for each registration made with credit card payment.*)

Credit Card Payment:

Credit card type:	<i>Amount to Charge:</i>	Credit Card Number	Expiration Date
<input type="checkbox"/> MasterCard	\$ _____	_____	_____
<input type="checkbox"/> Visa		Name as it appears on card (<i>print clearly</i>):	_____
		Authorized Signature:	_____