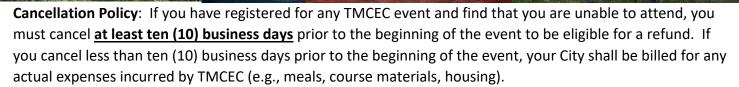


TMCEC Cancellation/Refund Request Form AY24



Name:					
Primary City Represente	ed:				
Address:					
	Email:				
Position:					
Judge	Court Administrator	Court C	Clerk		
Prosecutor	Juvenile Case Manager	Other:			
Name of event being ca	ncelled:				
Location and date of ev	ent being cancelled:				
I am cancelling at least ten (10) business days before the event starts: I have a hotel room for this event that needs to be cancelled:			YES YES	NO	
				NO	
Reason for Cancellation	:				
					_
Participant Signature			Date		
Please return completed	form to TMCEC at 2210 Hancock Drive, Aus	tin, Texas	78756, or e	email to <u>bran</u>	di@tmcec.com
	For TNACEC Llos Or	- l			
	For TMCEC Use O	nıy			
Comments:				TMCEC	Staff Signature
					Date