

Transfer Request Form AY24

Name:				
Primary City Represent	ed:			
Address:				
Telephone #:	Email:			
Position:				
Judge	Court Administrator	Court Clerk		
Prosecutor	Juvenile Case Manager	Other:		
	ving: vent ten (10) business days before the event cation, and date):			
To (Event name, locat	tion, and date):			
	HOUSING INFO	RMATION		
hotel's availability. If you	1 or 2 nights below. TMCEC can <u>only</u> guarantee a property of the property of		·	upon the
for the new attendee. (person for the same event at least 72 hours l No refund requested)		e a registra	ition form
	, and date:			
Would the new registrant like to attend the special session from 1pm -5pm on the first day of the event? YES				NO
Reason for Transfer:				
Participant Signa	ature	 Date	_	
Please return co	mpleted form to TMCEC at 2210 Hancock Dr	ive, Austin, Texas 78756, or email to bran	di@tmcec.	.com
	For TMCEC Us	se Only		
Comments:			MCEC Staff Sig	gnaturo
				Date