TMCEC Transfer Request Form
AY26

Name: _____

Primary City Represented: _____

Address: _____

Telephone: _____ **Email:** _____

Position:

☐ **Judge** ☐ **Court Administrator** ☐ **Court Clerk**

☐ **Prosecutor** ☐ **Juvenile Case Manager** ☐ **Other:** _____

****Transfers requested less than fourteen (14) calendar days before the event start date are subject to a $75 administrative fee**

Check one of the following:

☐ **Transfer to another event at least fourteen (14) calendar days before the event start date****

From (Event name, location, and date): _____

To (Event name, location, and date): _____

HOUSING INFORMATION

☐ **No room**

☐ **Housing**: Must select 1 or 2 nights below. TMCEC can **only** guarantee a private room. Type of room (queen, king, double) is dependent upon the hotel's availability. If you have a special request you may list it here: _____

☐ **1 Night Hotel Arrival Date:** _____ ☐ **2 Nights**

☐ **New Judges/New Clerks Housing** (4 Nights)

☐ **Transfer to another person for the same event at least three (3) business days before the event start date**

From (name): _____

To (name): _____

Event name, location, and date: _____

Reason for Transfer: _____

_____

_____ _____

Current Participant Signature **Date**

_____ _____

New Participant Signature **Date**

Please return completed form to register@tmcec.com

For TMCEC Use Only

Comments:

_____

TMCEC Staff Signature

_____

Date