



TMCEC Transfer Request Form

AY27

Name: _____

Primary City Represented: _____

Address: _____

Telephone: _____ Email: _____

Position:

☐ Judge

☐ Court Administrator

☐ Court Clerk

☐ Prosecutor

☐ Juvenile Case Manager

☐ Other: _____

Check one of the following:

☐ Transfer to another event fourteen (14) calendar days before the event start date (no refund requested).

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 72 hours before the event start date (no refund requested).

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