



DELBERT HOSEMANN
Secretary of State

PRE-REGISTRATION

2011 Party Executive Committee FINAL MAKE UP Training

NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

COUNTY: _____

PHONE: _____ SECONDARY PHONE: _____

EMAIL ADDRESS: _____

(Registration confirmation will ONLY be sent via email!)

Check one of the following that describes your position:

- ____ State Executive Committee Member, _____ Party
- ____ County Executive Committee Chair, _____ Party
- ____ County Executive Committee Member, _____ Party
- ____ Other, Please describe _____

PLEASE MARK THE TYPE OF VOTING DEVICE USED:

- ____ PRECINCT SCANNER
- ____ TOUCH SCREEN/ DRE – TSX – STATEWIDE VOTING SYSTEM
- ____ TOUCH SCREEN/ DRE - ADVANCE VOTING SOLUTIONS SYSTEM – HINDS COUNTY
- ____ TOUCH SCREEN/ DRE – ES&S SYSTEM – RANKIN COUNTY
- ____ OTHER

LOCATION: **MS Public Broadcasting Auditorium**

3825 Ridgewood Road
Jackson, MS 39211

DATE: **May 9, 2011**

TIME: **9:00am – 4:00pm**

Materials needed for this training can be downloaded from here:

<http://www.sos.ms.gov/page.aspx?s=7&s1=1&s2=67>

PRE-REGISTRATION DUE BY: April 22, 2011

Please return this form to:

Amanda Frusha
MS Secretary of State’s Office
Post Office Box 136
Jackson, MS 39205-0136
Amanda.Frusha@sos.ms.gov
(601) 359-5213 or 1-800-829-6786
FAX (601) 359-1499

PLEASE NOTE:

1. If you are unable to attend the entire session you will not receive certification.
2. The address used to complete this pre-registration form is the address to which your certificate will be mailed. Email address is **REQUIRED** to receive registration confirmation.
3. Training on your voting system will not be offered if we do not receive preregistration forms noting that system.
4. Lunch will not be provided.