



DELBERT HOSEMANN
Secretary of State

PRE-REGISTRATION FORM
Redistricting/Reapportionment Training

PLEASE PRINT

Please fill out one form for each training participant.

One person from the Election Commission and one person from the Circuit Clerk's office may attend.

NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

COUNTY: _____

PHONE: _____ SECONDARY PHONE: _____

EMAIL ADDRESS: _____

(Please include an email address in order to receive registration confirmation)

PLEASE CHECK ONE OF THE FOLLOWING TITLES WHICH BEST DESCRIBES YOUR POSITION/TITLE:

- _____ County Election Commissioner
- _____ Circuit Clerk
- _____ Other "Please specify" _____

PLEASE CHECK THE BLANK BY THE TRAINING SESSION YOU WISH TO ATTEND:

- | | |
|----------------|----------------|
| _____ March 21 | _____ March 28 |
| _____ March 22 | _____ March 29 |
| _____ March 23 | _____ March 30 |
| _____ March 24 | _____ March 31 |
| _____ March 25 | _____ April 1 |

All classes will be held from 9:00am – 4:00pm
at the

MISSISSIPPI SECRETARY OF STATE'S OFFICE TRAINING ROOM
401 Mississippi Street, Jackson, MS

PARKING IS AVAILABLE IN THE PERS PARKING GARAGE ON PRESIDENT STREET

Materials for the session must be brought by the participant.

PRE-REGISTRATION DUE BY: March 11, 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