

PRE-REGISTRATION FORM 2020 Party Executive Committee Certification Training

	Please fill out on	ne form for each tra PLEASE PRINT		
Only the Committee (<mark>Chair or his/her des</mark>			Committee may attend.
NAME:				
MAILING ADD	RESS:			
CITY:		STATE:	ZIP:	
PHONE:		SECONDARY	PHONE:	
COUNTY:				
EMAIL ADDRE	SS:			
POLITICAL PA	RTY:			
CHECK ONE OF THE F	OLLOWING THA	T DESCRIBES Y	OUR POSITION/7	TITLE IN ELECTIONS:
\$	State Executive Com	nmittee		
	County Party Execu			
0	County Party Execu	tive Committee De	signee	
PLEASE CHECK THE BL	ANK BY THE TRAIN	NING SESSION YOU	J PLAN TO ATTEN	D:
	020: 9 a.m. – 4:15 p y Center, 920 Hwy. 8		nust be received by	7 Jan. 21)
	020: 9 a.m. – 4:15 p inity College, Belder			
	2020: 9 a.m. – 4:15 vention Center - 1 Ce			by Feb. 4)
	2020: 9 a.m. – 4:15 Conference Center			by Feb. 11)
	MS S	Elections Division fons Training Coor Secretary of State's P.O. Box 136 Jackson, MS 3920 ions.Training@sos.	dinator Office 5	

Phone: (601) 576-2550 or (800) 829-6786 Fax: (601) 576-2545