

PRE-REGISTRATION FORM

TSX "Train the Trainer" Sessions, County Party Executive Committee Members

Please fill out one form for each training participant. PLEASE PRINT

NAME:				_
MAILING	ADDRESS:			-
CITY:		STATE:	ZIP:	
PHONE: _		SECONDARY I	PHONE:	_
COUNTY	:			
EMAIL A	DDRESS:			
POLITICA	AL PARTY:			
CHECK ONE OF	THE FOLLOWI	NG THAT DESCRIBES YO	UR POSITION/TITLE IN ELEC	TIONS:
	State Execu	tive Committee		
	County Par	ty Executive Committee Cha	air	
	County Par	ty Executive Committee Des	ignee	
		1 p.m. (Registration must be 20 Hwy. 82 West, Indianola	received by Jan. 21)	
		n. – 1 p.m. (Registration mus e, Belden Center, 3200 Adam		
		m. – 1 p.m. (Registration m nter - 1 Convention Center Pla		
		.m. – 1 p.m. (Registration m e Center - 1000 Municipal Dri		
Please	email, fax, or ma	il your completed pre-regist Elections Divisio	ration form by the date indicated t	to:
		Elections Training Cool		
		MS Secretary of State'		
		P.O. Box 136	-	
		Jackson, MS 3920		
		Elections.Training@sos Phone: (601) 576-2550 or (8		

Fax: (601) 576-2545