



DELBERT HOSEMANN
Secretary of State

PRE-REGISTRATION FORM
2012 Municipal Certification Training

Please print. Each person attending needs to fill out a pre-registration form.

NAME: _____

MUNICIPALITY: _____

MAILING ADDRESS: _____

CITY: _____ ZIP: _____

PHONE: _____ SECONDARY PHONE: _____

EMAIL ADDRESS: _____

CHECK ONE OF THE FOLLOWING THAT DESCRIBES YOUR POSITION IN ELECTIONS:

- MUNICIPAL CLERK
 MUNICIPAL ELECTION COMMISSIONER
 OTHER, PLEASE DESCRIBE _____

PLEASE MARK THE TYPE OF VOTING DEVICE USED:

- TOUCH SCREEN/ DRE – TSX – STATEWIDE VOTING SYSTEM
 PRECINCT SCANNER (DESOTO, HARRISON, LEE, YALOBUSHA COUNTIES)
 TOUCH SCREEN/ DRE - ADVANCE VOTING SOLUTIONS SYSTEM (HINDS COUNTY)
 TOUCH SCREEN/ DRE – ES&S SYSTEM (RANKIN COUNTY)
 OTHER _____

PLEASE NOTE:

If you are unable to attend the entire session you will not receive certification.

This session will be from 9:00 am until 1:00 pm

On September 25, 2012

at the

MS SECRETARY OF STATE'S OFFICE – 2nd Floor Conference Room

401 Mississippi Street

Jackson, MS 39205

Materials for the session can be found online and must be brought by participant.

Please return pre-registration form to:

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