

ECAM 2023 Annual Certification Training and Convention
Silver Star – Hotel – Philadelphia, Mississippi – January 24-26, 2023
REGISTRATION AND PAYMENT DUE DECEMBER 15 (LATE FEE: \$50)

Please complete registration early to be assured of a room at the ECAM RATE, otherwise you may be subject to a higher rate. Registration fees cover two nights and 6 meals. Extra nights are an individual's responsibility.

Print Name: Helen L. Carney
(Legal name as it appears on ID)

Address: 204 Baytowne Row city Madison Zip 39110

Congressional District 3 Supervisor District 1 County Madison

EMAIL (confirmations will be sent by email provided) helen.carney@madison-co.com

Please check appropriate box: County Election Commissioner Circuit Clerk or D.C. (one only) _____

New elected/appointed Election Commissioner/Clerk _____ Other _____

Name of Election Commission Chairperson Pat Truesdale

Name of Roommate: _____
(List only if election commissioner)

Meal Tickets for spouse/guest: will be available to purchase at convention only during ECAM registration. DO NOT SEND MONEY WITH REGISTRATION

Tickets: Breakfast \$25 Lunch \$30 Dinner \$42 Banquet \$45

ECAM MEMBER: County Election Commissioner – Includes Tuesday, Wednesday in Hotel
Registration fee: \$460 + Dues - \$40 – Total Due: \$500 \$ 500.00

ECAM ASSOCIATE: Includes Tuesday, Wednesday in Hotel
Registration fee: \$460 + Dues \$35 – Total Due: \$495 \$ _____

ECAM MEMBER attending convention – but NOT STAYING IN HOTEL
Registration fee: \$210 + Dues \$40 – Total Due: \$250 \$ _____

ECAM ASSOCIATE attending convention – but NOT STAYING IN HOTEL
Registration fee: \$210 + Dues \$35 – Total Due: \$245 \$ _____

EXTRA NIGHT (MONDAY OR THURSDAY) \$65 \$ _____

ALL FUNDS MUST BE SENT TO ECAM TREASURER – NOT THE HOTEL – FUNDS DUE DECEMBER 24.

____ Single/King Double/Queen _____ Smoking Non-Smoking _____ Handicap _____ NO Preference

SPECIAL NEEDS SCOOTER: \$40 a day. _____ Tuesday _____ Wednesday _____ Thursday _____ List Other day

(Limited number of scooters and will be reserved on first come basis)

MAKE CHECKS PAYABLE TO ECAM TOTAL DUE (amount Enclosed) \$ _____

REGISTRATION DEADLINE: DECEMBER 15, 2022 (LATE FEE: \$50) – CANCELLATIONS DEADLINE: December 24

I understand and agree to the terms above: Helen L. Carney Date: 7-25-2022

Mail this SIGNED and DATED form and PAYMENT to: Honorable Larry Gardner

2 SUMMERFIELD PLACE

NATCHEZ, MS 39120

DO NOT SEND REGISTRATION WITHOUT PAYMENT

Welcome to the ECAM 2023 Certification and Training Convention – January 24-26, 2023

Election Commissioners are required by state statute to train annually on how to conduct elections. It is vital that we all participate and make every effort to learn as much as possible. We want to encourage every commissioner to participate.

- Complete the form in its entirety and return as quickly as possible to Larry Gardner, ECAM Treasurer. **Please SIGN and DATE YOUR APPLICATION.**
- **EVERYONE will be booked at the Silver Star Hotel unless you prefer to be at the Golden Moon.** Please make that note on your registration.
- **Any extra night's stay is \$65 per night and must be paid in advance.** Please note extra night(s) on registration form. The rates are ECAM's block rate and must be booked under our block.
- If you desire a special type room – NON-SMOKING, SMOKING, OR HANDICAPPED- **IT MUST BE NOTED ON REGISTRATION AT THE TIME IT IS MAILED, NOT UPON ARRIVAL AT HOTEL!**
- If you have **special dietary needs, it MUST BE NOTED ON FORM AT TIME THE REGISTRATION FORM IS RETURNED.**
- **Meal prices for family members and/or guest are listed on registration form and can only be purchased at the time of registration.** Tickets will be available in the registration area for your convenience. Everyone will need a meal ticket to enter the food service area. **NO CARRY OUT MEAL ALLOWED.**

To ensure a room and the ECAM rate you must make a completed application (Signed and Dated) by the deadline.

***If COVID rears its head again there is a contingency plan. You will be notified well in advance.**

DO NOT SEND REGISTRATION FORMS WITHOUT PAYMENT

SCOOTERS: Scooters are very limited. If you absolutely need a scooter, it might be wise to bring your own.

Silent Auction Items – please bring items that have a value of at least \$25. Local made and home-grown items would be great.

Reservations include six (6) meals. (Tuesday dinner; Wednesday Breakfast, Lunch and Banquet; Thursday, Breakfast and Lunch.) **Tickets for family/friends can ONLY be purchased during check-in registration for ECAM.**

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Print Name: Patricia B. Truesdale (Pat)
(Legal name as it appears on ID)

Address: 306 W. Porter St. City Ridgeland Zip 39157

Congressional District 3 Supervisor District 3 County MADISON

EMAIL (confirmations will be sent by email provided) pat.truesdale@madison-co.

Please check appropriate box: County Election Commissioner Circuit Clerk or D.C. (one only) _____

New elected/appointed Election Commissioner/Clerk _____ Other _____

Name of Election Commission Chairperson Pat Truesdale

Name of Roommate: _____
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Print Name: Leroy Lacy
(Legal name as it appears on ID)

Address: P.O. Box 858 City Canton Zip 39046

Congressional District 2 Supervisor District 5 County MADISON

EMAIL (confirmations will be sent by email provided) _____

Please check appropriate box: County Election Commissioner Circuit Clerk or D.C. (one only) _____

New elected/appointed Election Commissioner/Clerk _____ Other _____

Name of Election Commission Chairperson PATRICIA TRVESDALE

Name of Roommate: Ø
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Print Name: Daniel N. Dickerson
(Legal name as it appears on ID)

Address: 425 Lakeshore Drive City Madison Zip 39110

Congressional District 3 Supervisor District 4 County Madison

EMAIL (confirmations will be sent by email provided) dan.dickerson@madison-co.com

Please check appropriate box: County Election Commissioner Circuit Clerk or D.C. (one only) _____

New elected/appointed Election Commissioner/Clerk _____ Other _____

Name of Election Commission Chairperson Patricia Truesdale

Name of Roommate: _____
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I understand and agree to the terms above: Daniel N. Dickerson Date: 7/31/2022

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Print Name: Lauren Payne

(Legal name as it appears on ID)

Contact Phone: 601-750-5514

Address: 156 Cross Creek Dr City Madison Zip 39110

Congressional District 3 Supervisor District 2 County Madison

EMAIL (confirmations will be sent by email provided) lauren.payne@madison-co.com

Please check appropriate box: County Election Commissioner Circuit Clerk or D.C. (one only) _____

New elected/appointed Election Commissioner/Clerk _____ Other _____

Name of Election Commission Chairperson _____

Name of Roommate: none

(List only if election commissioner)

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Registration fee: \$210 + Dues \$35 – Total Due: \$245 \$ _____

EXTRA NIGHT (SUNDAY, MONDAY OR THURSDAY) \$65 \$ _____

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Single/King _____ Double/Queen

_____ Smoking Non-Smoking _____ Handicap _____ NO Preference

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MAKE CHECKS PAYABLE TO ECAM

TOTAL DUE (amount Enclosed)

\$ 500

REGISTRATION DEADLINE: DECEMBER 15, 2022 (LATE FEE: \$50) – CANCELLATIONS DEADLINE: December 24

I understand and agree to the terms above Lauren Payne Date: 7/31/2022

Mail this SIGNED and DATED form and PAYMENT to: Honorable Larry Gardner

2 SUMMERFIELD PLACE, NATCHEZ, MS 39120

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