

ECAM 2016 ANNUAL ELECTIONS SEMINAR AND TRAINING  
SILVER STAR HOTEL & CONVENTION CENTER – PHILADELPHIA, MISSISSIPPI  
January 20, 21, 22, 2016

PLEASE REGISTER EARLY! SPACE IS LIMITED

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

Address 306 W. Porter St. City Ridgeland Zip 39157

Phone (Home) 601-856-7884 (Work) 601-859-0312 (Cell) 601-613-7203

Congressional District 3 Supervisor District 3 County MADISON

EMAIL (Conformation will be done by email provided): pbtruesdale@gmail.com

Please check appropriate box:  County Election Commissioner  Circuit Clerk  
 Newly Elected/Appointed Election Commissioner/Clerk  Other \_\_\_\_\_

Name of Election Commission Chairperson Pat Truesdale

Name of Roommate \_\_\_\_\_  
List only if this person is an Election Commissioner

**Spouse/Guest Meal Tickets:** Will be available for purchase at the convention.  
**DO NOT SEND MONEY FOR SPOUSE/GUEST MEAL TICKETS WITH THIS FORM**  
(There will be NO spouse or guest tickets sent in advance of the convention).  
Ticket prices are: Breakfast- \$20 each-- lunch buffet- \$25 each-- banquet tickets-\$40 each.

ECAM MEMBER County Election Commissioner (\$310.00) (Includes 2 nights in Hotel) \$ 310.00  
Registration Fee - \$270.00 + Dues - \$40.00 = \$310.00

ECAM ASSOCIATE MEMBER (\$300.00) (Includes 2 nights in Hotel) \$ \_\_\_\_\_  
Registration Fee - \$270.00 + Dues - \$30.00 = \$300.00

ECAM MEMBER ATTENDING CONVENTION--BUT NOT STAYING IN HOTEL \$ \_\_\_\_\_  
Registration Fee - \$140.00 + Dues - \$40.00 = \$180.00

ECAM ASSOCIATE MEMBER ATTENDING CONVENTION--BUT NOT STAYING IN HOTEL \$ \_\_\_\_\_  
Registration Fee - \$140.00 + Dues - \$30.00 = \$170.00

**NOTE: ALL FUNDS MUST BE SENT TO ECAM TREASURER----NOT THE HOTEL!**

Additional Night (\$65.00 per night) \$65.00 X \_\_\_\_\_ = \$ \_\_\_\_\_

LATE REGISTRATION FEE After January 1, 2016 ADD \$25.00 \$ \_\_\_\_\_

ECAM will pay for two nights stay at the hotel. Any other nights are your responsibility at the current hotel rate and must be booked and paid by each individual! If you do not fill out the information below, you will be subject to what is available!

Single  Double  Smoking  Non-Smoking  Handicap

PLEASE SPECIFY: I PREFER TO STAY AT THE GOLDEN MOON HOTEL  OR SILVER STAR HOTEL

TOTAL Amount Enclosed (MAKE ALL CHECKS PAYABLE TO **ECAM**) \$ 310.00

Regular registration deadline is January 1, 2016 – Cancellation required by January 10, 2016  
NO refunds after January 10, 2016 cancellation date!

I understand and agree to these Terms: Pat Truesdale Date: 5/20/15

MAIL THIS FORM AND ALL CHECKS TO: Hon. GAIL WELCH  
17 KIMBERLY DRIVE  
LAUREL, MS 39440

Contact #: 601-319-3552, Email: [gwelch3552@aol.com](mailto:gwelch3552@aol.com)

DON'T FORGET SILENT AUCTION ITEMS: SILENT AUCTION WILL BE IN SKY BOXES 2 & 3 UPSTAIRS

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PLEASE REGISTER EARLY! SPACE IS LIMITED

Print Name: Shelia B. Willis  
(Legal name as it appears on your ID)

Address 164 Hartfield Drive City Madison Zip 39110

Phone (Home) 601-605-6039 (Work) 601-859-0312 (Cell) 601-397-2718

Congressional District 2 Supervisor District 2 County Madison

EMAIL (Conformation will be done by email provided): shelia.willis2003@yahoo.com

Please check appropriate box:  County Election Commissioner  Circuit Clerk  
 Newly Elected/Appointed Election Commissioner/Clerk  Other \_\_\_\_\_

Name of Election Commission Chairperson Pat Truesdale

Name of Roommate —  
List only if this person is an Election Commissioner

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<u>ECAM ASSOCIATE MEMBER</u>	(\$300.00) (Includes 2 nights in Hotel) Registration Fee - \$270.00 + Dues - \$30.00 = \$300.00	\$ _____
<u>ECAM MEMBER</u>	<u>ATTENDING CONVENTION--BUT NOT STAYING IN HOTEL</u> Registration Fee - \$140.00 + Dues - \$40.00 = \$180.00	\$ _____
<u>ECAM ASSOCIATE MEMBER</u>	<u>ATTENDING CONVENTION--BUT NOT STAYING IN HOTEL</u> Registration Fee - \$140.00 + Dues - \$30.00 = \$170.00	\$ _____

**NOTE: ALL FUNDS MUST BE SENT TO ECAM TREASURER----NOT THE HOTEL!**

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TOTAL Amount Enclosed (MAKE ALL CHECKS PAYABLE TO ECAM) \$ 310.00

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**NO refunds after January 10, 2016 cancellation date!**

I understand and agree to these Terms: Shelia B. Willis Date: 5/27/15

MAIL THIS FORM AND ALL CHECKS TO:  
Hon. GAIL WELCH  
17 KIMBERLY DRIVE  
LAUREL, MS 39440

Contact #: 601-319-3552, Email: [gwelch3552@aol.com](mailto:gwelch3552@aol.com)

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PLEASE REGISTER EARLY! SPACE IS LIMITED

Print Name: Timothy N. Jenkins  
(Legal name as it appears on your ID)

Address 111 Marsh's Way City Canton Zip 39046

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) 601-260-5856

Congressional District 3 Supervisor District 1 County Madison

EMAIL (Conformation will be done by email provided): timothy.jenkins@madison-co.com

Please check appropriate box:  County Election Commissioner  Circuit Clerk  
 Newly Elected/Appointed Election Commissioner/Clerk  Other \_\_\_\_\_

Name of Election Commission Chairperson Pet Truesdale

Name of Roommate \_\_\_\_\_  
List only if this person is an Election Commissioner

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I understand and agree to these Terms: [Signature] Date: 5/26/15

MAIL THIS FORM AND ALL CHECKS TO: Hon. GAIL WELCH  
17 KIMBERLY DRIVE  
LAUREL, MS 39440

Contact #: 601-319-3552, Email: gwelch3552@aol.com

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PLEASE REGISTER EARLY! SPACE IS LIMITED

Print Name: Pallascene B. Cole  
(Legal name as it appears on your ID)

Address 1332 Way Road City Canton Zip 39046

Phone (Home) 601: 859-0024 (Work) 601: 859-0312 (Cell) 601: 954-3326

Congressional District 2 Supervisor District 5 County Madison

EMAIL (Conformation will be done by email provided): mtiservices@yahoo.com

Please check appropriate box:  County Election Commissioner  Circuit Clerk

Newly Elected/Appointed Election Commissioner/Clerk  Other \_\_\_\_\_

Name of Election Commission Chairperson Pat Truesdale

Name of Roommate \_\_\_\_\_

List only if this person is an Election Commissioner

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I understand and agree to these Terms: P.B. Cole

Date: 5/20/2015

MAIL THIS FORM AND ALL CHECKS TO:

Hon. GAIL WELCH  
17 KIMBERLY DRIVE  
LAUREL, MS 39440

Contact #: 601-319-3552, Email: [gwelch3552@aol.com](mailto:gwelch3552@aol.com)

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PLEASE REGISTER EARLY! SPACE IS LIMITED

Print Name: Azzie L. Jackson Adams  
(Legal name as it appears on your ID)

Address 911 Adeline St. City Canton Zip 39046

Phone (Home) 6018592615 (Work) 6018590312 (Cell) 6014970739

Congressional District 2 Supervisor District 4 County Madison

EMAIL (Conformation will be done by email provided): azzie\_jackson@yahoo.com

Please check appropriate box:  County Election Commissioner  Circuit Clerk  
 Newly 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 these Terms: Azzie Jackson Adams Date: 5/19/2015

MAIL THIS FORM AND ALL CHECKS TO: Hon. GAIL WELCH  
17 KIMBERLY DRIVE  
LAUREL, MS 39440

Contact #: 601-319-3552, Email: [gwelch3552@aol.com](mailto:gwelch3552@aol.com)

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