ORDER: APPROVE REQUEST FOR FIVE ELECTION COMMISSIONERS TO ATTEND ECAM 2017 ELECTIONS SEMINAR AND TRAINING JANUARY 25-27, 2017 IN PHILADELPHIA, MISSISSIPPI FOR \$310.00 EACH

Motion was made by Chad McLarty, duly seconded by Kevin Frye, to approve the request for five election commissioners, Jim Stephens, Debbie Black, Max Hipp, Lola Pearson, and Faye Phillips to attend ECAM 2017 Elections Seminar and Training January 25-27. 2017 in Philadelphia MS for \$310.00 each.

The vote on the motion was as follows:

Supervisor Kevin Frye. voted yes Supervisor Jeff Busby, voted yes Supervisor David Rikard, voted yes Supervisor Chad McLarty, voted yes Supervisor Mike Roberts. Absent

After the vote, President Busby, declared the motion carried, this the 18th day of July, 2016.

PLEASE REGISTER EARLY! SPACE IS LIMITED

Print Name:	on your ID)	hens	<del></del>				<u>·</u>	
Address 113								
Phone (Home)		(Work)			(Cell)(60	62)801-3	056	
Congressional Dist	rict	Supervisor	District _	<u>4</u> c	ounty Las	rayette		
EMAIL (Confirmation will be done by email provided): <u>Election commissioners Wiafayetteroms.com</u>								
Please check appropriate box:County Election Commissioner Circuit Clerk/Dep. Clerk (1 PER COUNTY)								
Newly Elected/	Appointed Election	n Commissioner	/Clerk	Other			·	
Name of Election Co	mmission Chairpe		_					
Name of Roommate	List only	if this person is	an Election	Commission	ner			
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).								
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Regular registration deadline is January 2, 2017 — Cancellation required by January 10, 2017  NO refunds after January 10, 2017 cancellation date!								
I understand and agree to these Terms: 1 im Diplina Date: 1/5								
MAIL THIS FORM	1 AND ALL CHEC			WELCH RLEY DR , MS 39440				

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

PLEASE REGISTER EARLY! SPACE IS LIMITED Print Name: (Legal name as it appears on your ID) Address 15 a Valle. Phone (Home) (Cell) Congressional District Supervisor District County\_ EMAIL (Confirmation will be done by email provided): lack 1956@ Please check appropriate box: X County Election Commissioner Circuit Clerk/Dep. Clerk (1 PER COUNTY) \_\_ Newly Elected/Appointed Election Commissioner/Clerk Other Name of Election Commission Chairperson  $\sqrt{e/f}$ 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 = \$310.00ECAM 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) LATE REGISTRATION FEE After January 2, 2017 ADD \$25.00 The Registration fee pays 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 Handican PLEASE SPECIFY: I PREFER TO STAY AT THE GOLDEN MOON HOTEL OR SILVER STAR HOTEI TOTAL Amount Enclosed (MAKE ALL CHECKS PAYABLE TO E C A M) \$ 3/0.00 Regular registration deadline is January 2, 2017 - Cancellation required by January 10, 2017 NO refunds after January 10, 2017 cancellation date! I understand and agree to these Terms: Date: 7-5-/6 MAIL THIS FORM AND ALL CHECKS TO: Hon. GAIL WELCH 17 KIMBERLEY DRIVE

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

**LAUREL**, MS 39440

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

PLEASE REGISTER EARLY! SPACE IS LIMITED

Print Name: MAX D. H-1PP (Legal name as it appears on your ID)							
(Legal name as it appears on your ID)  Address / COURT HOUSE Sq. Swite 317  City O X & O C	rd, M= 2in 38655						
Phone (Home) 662-234-4651 (Work) 662-232-788	87 (Cell) 662-832-4651						
Congressional District Supervisor District	County Laprelle						
EMAIL (Confirmation will be done by email provided): election Comussia	eners @ Lafayette Coms, com						
Please check appropriate box: County Election Commissioner Circuit Clerk/Dep. Clerk (1 PER COUNTY)							
Newly Elected/Appointed Election Commissioner/Clerk Other							
Name of Election Commission Chairperson Nell GREEN							
Name of Roommate							
List only if this person is an Election Commission	sioner						
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I understand and agree to these Terms: May &.	Hopp Date: 7-6-16						
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PLEASE REGISTER EARLY! SPACE IS LIMITED **Print Name:** (Legal name as it appears on your ID 8.0. BON 58 662-234-3375 (Work) 662-232-2887 (Cell) 662-3 County\_\_ Supervisor District 10 ADEARSON EMAIL (Confirmation will be done by email provided): Circuit Clerk/Dep. Clerk (1 PER COUNTY) Please check appropriate box: County Election Commissioner \_\_ Newly Elected/Appointed Election Commissioner/Clerk Other Name of Election Commission Chairperson 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) 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 = \$180.00ECAM 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-\$65.00 X Additional Night (\$65.00 per night) After January 2, 2017 ADD \$25.00 LATE REGISTRATION FEE The Registration fee pays 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! Handicap Double **Smoking** Non-Smoking Single PLEASE SPECIFY: I PREFER TO STAY AT THE GOLDEN MOON HOTEL TOTAL Amount Enclosed (MAKE ALL CHECKS PAYABLE TO E C A M) Regular registration deadline is January 2, 2017 - Cancellation required by January 10, 2017 NO refunds after January 10, 2017 cancellation date! I understand and agree to these Terms: Hon. GAIL WELCH MAIL THIS FORM AND ALL CHECKS TO: 17 KIMBERLEY DRIVE LAUREL, MS 39440

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