



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

Registration and Request to Speak at the

Department of State Health Services Council Meeting
Friday, May 12, 2006
Austin, Texas

Registration forms MUST be turned in before the beginning of the meeting.

Please Print

I wish to appear before the Department of State Health Services Council to speak on the following agenda topic(s) (Please list agenda title(s) or number(s)):

Summary of Comments: In favor of # 6

Registrant information:

Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, PHONE NUMBER, and REPRESENTING. Includes handwritten entries for Dr. Susan Marshall and The Council of Families for Children.

Signature: Susan Marshall Date: 5-12-06

- To Comment:
1. Register by completing the form.
2. Turn the form in before the start of the meeting.
3. Wait for the chairman to call on you.
4. Limit your comments to three minutes.
5. Individuals cannot accumulate time from other speakers.



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Summary of Comments:

6

Registrant information:

Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, and PHONE NUMBER, containing handwritten information for Clifford Gay.

Signature: Clifford Gay

Date: 5/12/2006

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