



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

Registration and Request to Speak at the

Department of State Health Services Council Meeting
Thursday, October 5, 2006
Austin, Texas

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

Please Print Matt Wall

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)): 3, f.

Summary of Comments:

Acknowledge staff work on development of new hospital licensing rules.

Registrant information:

Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, PHONE NUMBER, and REPRESENTING. Handwritten entries include: NAME: Matt Wall, ADDRESS: P.O. Box 15587, CITY: Austin, STATE: TX, ZIP: 78761, PHONE NUMBER: (512) 465-1538, REPRESENTING: Texas Hospital Association

Signature: Matthew T. Wall Date: 10/5/06

- 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:

Handwritten notes: 3. #, # 3h= EMERGENCY MEDICAL SVCS.

Registrant information:

Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, PHONE NUMBER, and REPRESENTING. Handwritten entries include: NAME: Clifford Gray, ADDRESS: 311 PARKER LANE #190, CITY: AUSTIN, STATE: TX, ZIP: 78741, PHONE NUMBER: (512) 451-1954, REPRESENTING: YOUNGTEEN.

Signature: Clifford Gray Date: 10/5/06

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