



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

Registration and Request to Speak at the

Department of State Health Services Council Meeting
Thursday, May 22, 2014
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:

LAR DSHS MH/SA

Registrant information:

Please PRINT clearly

NAME: KATHARINE LIGON		
ADDRESS: 7020 EASY WIND DR #200 #111		
CITY: AUSTIN	STATE: TX	ZIP: 78752
PHONE NUMBER: (737) 804990	REPRESENTING: CENTER FOR PUBLIC POLICY PRIORITIES	

Signature:

Date:

5/22/14

To Comment:

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