



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

Registration and Request to Speak at the

Department of State Health Services Council Meeting
Thursday, June 23, 2011
Austin, Texas

Registration forms MUST be turned in before the beginning of the meeting.
Each registrant's comment time is limited to THREE minutes.

Please PRINT clearly

I wish to appear before the Department of State Health Services Council to speak on the following agenda topic(s)

List agenda title(s) or number(s):

Appropriations - 32

Summary of Comments:

Review of restoration of funding

Registrant information:

Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, PHONE NUMBER, and REPRESENTING. Handwritten entries include: NAME: Doc Lovelace, ADDRESS: 8140 Mofac, CITY: Austin, STATE: TX, ZIP: 78759, PHONE NUMBER: 512 794 6294, REPRESENTING: Texas Council of Community Centers

Signature: [Handwritten Signature]

Date: 6/23/2011

- 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.



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I wish to appear before the Department of State Health Services Council to speak on the following agenda topic(s)

List agenda title(s) or number(s):

3

Summary of Comments:

add'l comments re legislative session

Registrant information:

session
Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, PHONE NUMBER, and REPRESENTING. Handwritten entries include: NAME: Gyl Switzer, ADDRESS: 1210 San Antonio, CITY: Austin, STATE: TX, ZIP: 78701, PHONE NUMBER: (512) 4543706, REPRESENTING: Mental Health America of TX

Signature: Gyl Switzer

Date: 6-23-11

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