



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

Registration and Request to Speak at the
Department of State Health Services Council Meeting
Thursday, June 13, 2013
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. (Please complete a separate form for each agenda topic on which you wish to provide comments):

Summary of Comments:

Timing of Council meetings

Registrant information:

Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, PHONE NUMBER, and REPRESENTING. Handwritten entries include: NAME: TOM VALENTINE, ADDRESS: 4109 Adelphi LAM, CITY: Austin, STATE: TX, ZIP: 78727, PHONE NUMBER: (512) 917512, REPRESENTING: Self.

Signature: [Handwritten Signature]

Date: 6/13/13

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. (Please complete a separate form for each agenda topic on which you wish to provide comments):

Summary of Comments:

General Comments related to Mental Health / Substance Use Disorder funding, opportunity and responsibility.

Registrant information:

Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, PHONE NUMBER, and REPRESENTING. Handwritten entries include: NAME: Darlette Castle, ADDRESS: 8140 North Moapa, CITY: Austin, STATE: TX, ZIP: 76759, PHONE NUMBER: (512) 437-1926, REPRESENTING: Texas Council of Community Centers.

Signature:

Handwritten signature of Darlette Castle

Date:

6-13-13

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