



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

Registration and Request to Speak at the

Department of State Health Services Council
Legislative Appropriations Request Stakeholder Meeting
Thursday, November 29, 2012
Austin, Texas

Please turn in registration form at the beginning of the meeting.
Each registrant's comment time is limited to THREE minutes.

Registrant information:

Please PRINT clearly

| | | |
|-------------------------------------|---|-------------------|
| NAME: <u>Danette Castle</u> | | |
| ADDRESS: <u>8140 North Maple</u> | | |
| CITY: <u>Austin</u> | STATE: <u>TX</u> | ZIP: <u>78759</u> |
| PHONE NUMBER: <u>(512) 437 1928</u> | REPRESENTING: <u>Texas Council of Community Colls</u> | |

Topic: Rider 71 - SB 58

Signature: [Handwritten Signature]

Date: 11-29-12

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.