

Bivens,Carolyn (DSHS)

From: DSHSCouncil@dshs.state.tx.us
Sent: Tuesday, February 25, 2014 9:13 PM
To: DSHS Council
Subject: Registration to Appear Before the State Health Services Council

Data from form "Council Registration" was received on 2/25/2014 9:13:27 PM.

Online registration

Field	Value
Name	Morgan Sanders
Representing	March of Dimes
Mailing Address	11044 Research Blvd. Suite A-210
City	Austin
State	Texas
Zip Code	78759
E-mail Address	morganfeysanders@gmail.com
Phone	512-626-4343
appearancedate	Feb. 26, 2014 – Work Session <i>l.c.</i>
Topic	proposed rules for CCHD
Comments	Provide Information

Email "Registration to Appear Before the State Health Services Council" originally sent to DSHSCouncil@dshs.state.tx.us from DSHSCouncil@dshs.state.tx.us on 2/25/2014 9:13:27 PM.

Bivens,Carolyn (DSHS)

From: DSHSCouncil@dshs.state.tx.us
Sent: Tuesday, February 25, 2014 4:21 PM
To: DSHS Council
Subject: Registration to Appear Before the State Health Services Council

Data from form "Council Registration" was received on 2/25/2014 4:21:01 PM.

Online registration

Field	Value
Name	Courtney DeBower
Representing	American Heart Association
Mailing Address	10900-B Stonelake Blvd. Suite 320
City	Austin
State	Texas
Zip Code	78759
E-mail Address	courtney.debower@heart.org
Phone	512-338-2655
appearancedate	Feb. 26, 2014 – Work Session).c.
Topic	Newborn screening rules.
Comments	Support

Email "Registration to Appear Before the State Health Services Council" originally sent to DSHSCouncil@dshs.state.tx.us from DSHSCouncil@dshs.state.tx.us on 2/25/2014 4:21:01 PM.



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

Registration and Request to Speak at the

Department of State Health Services Work Session
Wednesday, February 26, 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:

1c

Registrant information:

Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, PHONE NUMBER, and REPRESENTING. Handwritten entries include: NAME: Suzie Chase Brown, ADDRESS: 1402 Fall Creek Loop, CITY: Cedar Park, STATE: TX, ZIP: 78613, PHONE NUMBER: (512) 797-8215, REPRESENTING: American Heart Association.

Signature:

Handwritten signature of Suzie Chase Brown

Date:

2-26-14

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.



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Summary of Comments:

1C

Registrant information:

Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, PHONE NUMBER, and REPRESENTING. Handwritten entries include Maggie Brown, 1402 Fall Creek Loop, Cedar Park, TX, 78613, and American Heart Association.

Signature: Maggie

Date: 2-26-14

To Comment:

- 1. Register by completing the form.
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le

Summary of Comments:

Registrant information:

Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, PHONE NUMBER, and REPRESENTING. Handwritten entries include: NAME: Stacy Wilson, ADDRESS: 1108 Lavaca, Ste 700, CITY: Austin, STATE: TX, ZIP: 78701, PHONE NUMBER: (512) 465-1027, REPRESENTING: TX Hosp. Ass'n

Signature: Stacy A. Wilson

Date: 2/26/14

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.