TEXAS DEPARTMENT OF STATE HEALTH SERVICES

Registration and Request to Speak at the

Department of State Health Services Teleconference Meeting
Thursday, May 24, 2012
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)*): #1

Summary of Comments:

- public health / mental health
- coordinated school health

Registrant information:

Please PRINT clearly

NAME: Josette Saxton	
ADDRESS: 811 Trinity Ste. A	
CITY: Austin **STATE:** TX **ZIP:** 78701	
PHONE NUMBER: (512 473-2274 **REPRESENTING:** Texans Care for Children	

Signature: Josette Saxton Date: 5-24-12

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.

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Summary of Comments:

Remarks on DSHS Strategic Plan

Registrant information:

Please PRINT clearly

NAME: Joe Lovelace		
ADDRESS: Tx Council, 8140 Mopac		
CITY: Austin	**STATE:** Tx	**ZIP:** 78620
PHONE NUMBER: (512) 792-6294	**REPRESENTING:** Texas Council	

Signature: _____ Date: May 24, 2012

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