



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

Registration and Request to Speak at the

Department of State Health Services Council Work Session
Thursday, January 21, 2010
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): 12

Summary of Comments: Support of funding for Veterans

Registrant information:

Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, PHONE NUMBER, and REPRESENTING. Handwritten entries include: NAME: Joe Lovelace, ADDRESS: 8140 Mopac, CITY: Austin, STATE: TX, ZIP: 78759, PHONE NUMBER: 512 794-9268, REPRESENTING: Texas Council

Signature: Joe Lovelace Date: 1/21/10
of Community Health Centers

- 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): 4: General Public Comment

Summary of Comments: Raw milk update

Registrant information:

Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, and PHONE NUMBER, containing handwritten information for Judith McGearry.

Signature: [Handwritten Signature]

Date: 1/21/2010 Alliance

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