



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

Registration and Request to Speak at the

Department of State Health Services Council Meeting
Thursday, August 26, 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):

DSKS LAR

Summary of Comments:

Address proposed mental health reductions and
Exceptional Item

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 Maple, CITY: Austin, STATE: TX, ZIP: 78759, PHONE NUMBER: (512) 794-5208, REPRESENTING: Texas Council of Community Mental Health Centers.

Signature: [Handwritten Signature]

Date: 8/26/2010

- 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.