



## TEXAS DEPARTMENT OF STATE HEALTH SERVICES

### Registration and Request to Speak at the

Department of State Health Services Council Work Session  
Wednesday, September 14, 2011  
Austin, Texas

**Registration forms MUST be turned in before the beginning of the meeting.  
Each registrant's comment time is limited to THREE minutes.**

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*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):

Summary of Comments:

Registrant information:

*Please PRINT clearly*

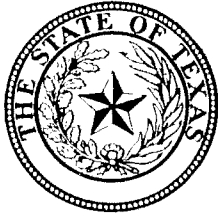
NAME: CAROL Wisdom		
ADDRESS: 511 Corey Edwards		
CITY: KENNDALE	STATE: TX	ZIP: 76060
PHONE NUMBER: (817) 495-4899 REPRESENTING: Senior Advocacy		

Signature: Carol Wisdom

Date: 9-14-2011

**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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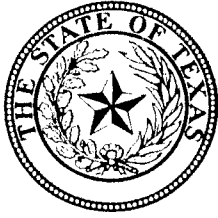
NAME: <i>Rebecca Calderon</i>		
ADDRESS: <i>1131 Cascade Ave</i>		
CITY: <i>Dallas</i>	STATE: <i>Tx</i>	ZIP: <i>75224</i>
PHONE NUMBER: <i>(214) 336 3813</i> REPRESENTING: <i>SAG</i>		

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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NAME:	MIRIAM WILLIAMSON				
ADDRESS:	7101 W GREEN OAKS, Suite 305-560				
CITY:	ARLINGTON	STATE:	TX	ZIP:	76016
PHONE NUMBER:	<del>817</del> 874 4934	REPRESENTING:	Senior Advocacy Group		

Signature: Miriam Williamson Date: Sep 14, 2011

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