



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): 3A

Summary of Comments: Support of rules packet

Registrant information:

Please PRINT clearly

Form with fields for NAME: Courtney Hoffman, ADDRESS: 6107 Mesa Drive, CITY: Austin, STATE: TX, ZIP: 78731, PHONE NUMBER: ( ), REPRESENTING:

Signature: Courtney R. Hoffman Date: 1/21/10

- 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.



## 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**

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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): *3a*

Summary of Comments: *proposed rule language*

Registrant information:

*Please PRINT clearly*

NAME:	<i>Matt Wall</i>		
ADDRESS:	<i>1108 Lavaca, Suite 700</i>		
CITY:	STATE:	ZIP:	
<i>Austin</i>	<i>TX</i>	<i>78701</i>	
PHONE NUMBER:	REPRESENTING:		
<i>(512) 465-1538</i>	<i>Texas Hospital Association</i>		

Signature: *Matthew T. Wall* Date: *1/21/10*

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