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TEXAS DEPARTMENT OF STATE HEALTH SERVICES

Registration and Request to Speak at the

Department of State Health Services Council Meeting
Thursday, January 29, 2009
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)): **5A**

Summary of Comments:

Registrant information:

Please PRINT clearly

NAME: Clifford Gray		
ADDRESS: 501 E. STASSNEY LANE		
CITY: AUSTIN	STATE: TX	ZIP: 78745
PHONE NUMBER: 512 916 1549		REPRESENTING: SECI

Signature *Clifford Gray*

Date: **1-29-2009**

- To Comment:**
1. Register by completing the form.
 2. Turn the form in before the start of the meeting.
 3. Wait for the chairman to call on you.
 4. Limit your comments to three minutes.
 5. Individuals cannot accumulate time from other speakers.