



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

Registration and Request to Speak at the

Department of State Health Services Council Meeting
Tuesday, November 9, 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):

3b

Summary of Comments:

CUSTOMER VIEW.

Registrant information:

Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, PHONE NUMBER, and REPRESENTING. Handwritten entries include: NAME: CLIFFORD GAY, ADDRESS: 15700 IH355, PO Box 67, CITY: BUDA, STATE: TX, ZIP: 78610, PHONE NUMBER: (512) 695-1954, REPRESENTING: SELF.

Signature: Clifford Gay

Date: 1/09/2010

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.