

Bivens, Carolyn (DSHS)

From: DSHSCouncil@dshs.state.tx.us
Sent: Monday, November 17, 2014 2:46 PM
To: DSHS Council
Subject: Registration to Appear Before the State Health Services Council

Data from form "Council Registration" was received on 11/17/2014 2:46:11 PM.

Online registration

Field	Value
Name	Joanna Meyer, R.S.
Representing	I am the President of the Texas Environmental Health Association (TEHA)
Mailing Address	7005 Autumn Lane
City	Watauga
State	Texas
Zip Code	76148
E-mail Address	jmeyer@mbmfoodservice.com
Phone	252-903-8347
appearancedate	November 19 – Work Session
Topic	Updated TFER
Comments	Support

Email "Registration to Appear Before the State Health Services Council" originally sent to DSHSCouncil@dshs.state.tx.us from DSHSCouncil@dshs.state.tx.us on 11/17/2014 2:46:11 PM.

Bivens, Carolyn (DSHS)

From: DSHSCouncil@dshs.state.tx.us
Sent: Monday, November 17, 2014 5:28 PM
To: DSHS Council
Subject: Registration to Appear Before the State Health Services Council

Data from form "Council Registration" was received on 11/17/2014 5:28:26 PM.

Online registration

Field	Value
Name	Adrian Escobedo
Representing	A+ Food Industry Inspections, Inc.
Mailing Address	P.O. Box 1154
City	Frisco
State	Texas
Zip Code	75034
E-mail Address	adrian@aplusfii.com
Phone	214-425-8154
appearancedate	November 19 – Work Session
Topic	Proposed Changes to the Texas Food Establishment Rules
Comments	Support

Email "Registration to Appear Before the State Health Services Council" originally sent to DSHSCouncil@dshs.state.tx.us from DSHSCouncil@dshs.state.tx.us on 11/17/2014 5:28:26 PM.



Did not provide oral testimony.

TEXAS DEPARTMENT OF STATE HEALTH SERVICES

Registration and Request to Speak at the

Department of State Health Services Council Work Session
Wednesday, November 19, 2014
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)):

Summary of Comments:

KATAY HAS my letter (AE)

Registrant information:

Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, PHONE NUMBER, and REPRESENTING.

Signature:

Handwritten signature of Albert Fajinork

Date:

11/19/14

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.

Bivens,Carolyn (DSHS)

From: DSHSCouncil@dshs.state.tx.us
Sent: Thursday, November 13, 2014 2:23 PM
To: DSHS Council
Subject: Registration to Appear Before the State Health Services Council

Data from form "Council Registration" was received on 11/13/2014 2:22:41 PM.

Online registration

Field	Value
Name	Josh Ramirez
Representing	City of McAllen
Mailing Address	311 North 15th Street
City	McAllen
State	Texas
Zip Code	78501
E-mail Address	<u>josh_ramirez@mcallen.net</u>
Phone	(956) 459-9416
appearancedate	November 19 – Work Session
Topic	Support of TFER changes.
Comments	Support

Email "Registration to Appear Before the State Health Services Council" originally sent to DSHSCouncil@dshs.state.tx.us from DSHSCouncil@dshs.state.tx.us on 11/13/2014 2:22:41 PM.