Advisory Committee – Registration Card for Public Comment

State of California ~ Health and Human Services Agency Department of Public Health	State of California ~ Health and Human Services Agency Department of Public Health
Advisory Committee Registration	Advisory Committee Registration
Name:	Name:
Organization:	Organization:
Address:	Address:
I wish to make a statement on the federal Preventive Health and Health Services Block Grant Funding.	I wish to make a statement on the federal Preventive Health and Health Services Block Grant Funding.
How did you learn about this Public Hearing? o Newspaper o Mailing List o Other	How did you learn about this Public Hearing? o Newspaper o Mailing List o Other
If you wish to make a statement use this card only. State of California ~ Health and Human Services Agency Department of Public Health	If you wish to make a statement use this card only. State of California ~ Health and Human Services Agency Department of Public Health
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