

Public Hearing Registration Card
DOCUMENT #2

<p>State of California ~ Health and Human Services Agency Department of Public Health</p> <p align="center">Public Hearing Registration</p> <p>Name:</p> <p>Organization:</p> <p>Address:</p> <p>I wish to make a statement on the federal Preventive Health and Health Services Block Grant Funding.</p> <p>How did you learn about this Public Hearing?</p> <p><input type="radio"/> Newspaper <input type="radio"/> Mailing List <input type="radio"/> Other</p> <p>If you wish to make a statement use this card only.</p>	<p>State of California ~ Health and Human Services Agency Department of Public Health</p> <p align="center">Public Hearing Registration</p> <p>Name:</p> <p>Organization:</p> <p>Address:</p> <p>I wish to make a statement on the federal Preventive Health and Health Services Block Grant Funding.</p> <p>How did you learn about this Public Hearing?</p> <p><input type="radio"/> Newspaper <input type="radio"/> Mailing List <input type="radio"/> Other</p> <p>If you wish to make a statement use this card only.</p>
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