



METROPOLITAN AREA EMS AUTHORITY

REGISTRATION CARD FOR CITIZEN PRESENTATIONS AND PUBLIC COMMENT

Meeting Date: _____

SPEAKER NAME: _____

Email: _____

Phone number: _____

Address: _____

Agenda Item (if any) _____ For ____ Against ____

Non-posted matter (if any) _____

Are you speaking for a group of more than five persons? Yes ____ No ____

If yes, list the names of all persons you are speaking for who will be in attendance at the meeting:

Will you be using a translator for your presentation? Yes ____ No ____

Do you want to include electronic media in your presentation? Yes ____ No ____

(Note: *electronic media and written materials must be submitted by email to mschmidt@medstar911.org by the registration deadline*).

Have you read and do you agree to conduct your presentation and comments in accordance with the Authority's *Rules and Procedures for Citizen Presentations and Public Comment at Board meetings*? Yes ____ No ____

Signature (Type name below)

Date
