



**TEXAS <sup>UT</sup>EXES<sup>®</sup>**  
**care**  
**ABOUT THE PROJECT**

Submission Form

\_\_\_\_\_ Chapter/Network

Care Chair: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Contact E-mail: \_\_\_\_\_

Partnering Organization or Activity Type: \_\_\_\_\_

Date of Activity: \_\_\_\_\_

Location of Activity: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of service activity (include separate page, if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please complete and return this form by December 1, 2011 to:

Laura K. Carpenter  
2110 San Jacinto  
PO Box 7278  
Austin, TX 78713-7278

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