

**Application Form  
CEIS Stakeholder Group  
2009**

Name \_\_\_\_\_

EI Program (if applicable)

\_\_\_\_\_

Relationship  
To MA EI (Family Member, Provider,  
EI Specialist, MEIC, other)

\_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Email address \_\_\_\_\_

**Stakeholder Group members will be required to attend an initial meeting; attend monthly face-to-face meetings; complete work outside of meetings, including an individual review of the framework materials generated by the Stakeholder Group; and provide notification to their constituencies about the public comment period.**

**Please sign below indicating your interest in participating in this process as a workgroup member.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Return by May 15, 2009, to:  
Holly Newman  
MA Dept. of Public Health  
250 Washington Street, 5<sup>th</sup> Floor  
Boston, MA 02108  
Holly.Newman@state.ma.us