



State of New Jersey

DEPARTMENT OF HUMAN SERVICES
MEDICAL ASSISTANCE ADVISORY COUNCIL

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PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

DEBORAH SPITALNIK, PH.D
Chairperson

**Medical Assistance Advisory Council
Attendance Notification Form**

Confirm your attendance to meetings of the Medical Assistance Advisory Council by providing the information below and forwarding it, via e-mail, to dmahs.maac@dhs.nj.gov.

Please respond no later than three (3) business days prior to a meeting date.

(Please Print)

Meeting Date: _____

_____ I plan to attend the meeting. _____ I **do not** plan to attend.

Name(s): _____

Agency: _____

E-mail Address: _____

Area Code & Telephone No.: _____

If you are deaf or hard of hearing, interpreter services are available at your request. In advance of a meeting, please email dmahs.maac@dhs.nj.gov or call the Division of Medical Assistance and Health Services at (609)588-2600 to request this service, or other accommodation.