**Form J, Point of Contact**

|  |  |
| --- | --- |
| **Legal Business Name of Respondent:** |  |

*This form provides information about the appropriate contacts in the Respondent’s organization in addition to those on* ***FORM A: FACE PAGE****.   
If any of the following information changes during the term of the contract, please send written notification to the* ***Contract Manager Unit*** *at epilepsy@hhsc.state.tx.us.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | | | |
| **Contact Name:** |  | |  | **Mailing Address (incl. street, city, county, state, & zip):** | |
| **Title:** |  | |  |  |  |
| **Phone:** |  |  |  |  |  |
| **Fax:** |  | |  |  |  |
| **E-mail:** |  | |  |  |  |
|  | | | | | |
|  | | | | | |
| **Contact Name:** |  | |  | **Mailing Address (incl. street, city, county, state, & zip):** | |
| **Title:** |  | |  |  |  |
| **Phone:** |  |  |  |  |  |
| **Fax:** |  | |  |  |  |
| **E-mail:** |  | |  |  |  |
|  | | | | | |
|  | | | | | |
| **Contact Name:** |  | |  | **Mailing Address (incl. street, city, county, state, & zip):** | |
| **Title:** |  | |  |  |  |
| **Phone:** |  | . |  |  |  |
| **Fax:** |  | |  |  |  |
| **E-mail:** |  | |  |  |  |
|  | | | | | |
| **Contact Name:** |  | |  | **Mailing Address (incl. street, city, county, state, & zip):** | |
| **Title:** |  | |  |  |  |
| **Phone:** |  |  |  |  |  |
| **Fax:** |  | |  |  |  |
| **E-mail:** |  | |  |  |  |
|  | | | | | |
|  | | | | | |
| **Contact Name:** |  | |  | **Mailing Address (incl. street, city, county, state, & zip):** | |
| **Title:** |  | |  |  |  |
| **Phone:** |  |  |  |  |  |
| **Fax:** |  | |  |  |  |
| **E-mail:** |  | |  |  |  |
|  | | | | | |
| **Contact Name:** |  | |  | **Mailing Address (incl. street, city, county, state, & zip):** | |
| **Title:** |  | |  |  |  |
| **Phone:** |  |  |  |  |  |
| **Fax:** |  | |  |  |  |
| **E-mail:** |  | |  |  |  |
|  | | | | | |