

Autism Task Force
(Act 1272 of 2009)

PLEASE PRINT

APPOINTEE'S NAME: _____

MAILING ADDRESS: _____

EMAIL ADDRESS(ES): _____

TELEPHONE: _____ FAX: _____

ALTERNATE TELEPHONE: _____

APPOINTED BY: _____

APPOINTING ENTITY: _____

DATE OF APPOINTMENT: _____

Please return the completed form to Kristen Washington. For questions, contact her
at 501.537.9160

Kristen Washington
Washingtonk@blr.arkansas.gov
Bureau of Legislative Research
One Capitol Mall, 5th Floor
Little Rock, AR 72201