## **WITNESS REGISTRATION**

Committee Name: HREV	
Public Hearing on: HB 2543	Date:
Please register if you wish to testify on the above named measure/issue.	Please print legibly.

Name and Organization or County of Residence  PLEASE PRINT LEGIBLY  AARP	Phone # (Optional)	Do you live more than 100 miles from this meeting location?			Are you submitting written testimony?			
	/	Yes	No	For	Against	Neutral	Yes	No
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Committee Services

Revised 04/04

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	/ PLEASE PRINT LEGIBLY	Сорололол	Yes	No	For	Against	Neutral	Yes	No
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