## **PUBLIC RECORD**

## **WITNESS REGISTRATION**

Oregon State Legislature Committee Name:

House Headth Care

Public Hearing on: 118 2998	Date: <u>3/22</u> /	20/3
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Please register if you wish to testify on the above named measure/issue. 

Please print legibly.

Name and Organization or County of Residence Phone # (Optional)		Do you live more than 100 miles from this meeting location?		Position			Are you submitting written testimony?	
	Yes	No	For	Against	Neutral	Yes	No	
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	Phone # (Optional)	Phone # (Optional) than 10 from medical	Phone # (Optional)  than 100 miles from this meeting location?	Phone # (Optional)  than 100 miles from this meeting location?	Phone # (Optional)  than 100 miles from this meeting location?  Yes No For Against	Phone # (Optional) than 100 miles from this meeting location?  Yes No For Against Neutral	Phone # (Optional) than 100 miles from this meeting location?  Yes No For Against Neutral Yes	