PUBLIC RECORD

Oregon State Legislature WITNESS REGISTRATION

Committee Name:_	House	Committee on	Education	
	110	26/11/	3/20/10	

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