PUBLIC RECORD

Committee Services

Oregon State Legislature WITNESS REGISTRATION

Committee Name:	Senate	Health	Care 9	Human	Services
Public Hearing on:	SB 71	7	Dat	e: 4/1/13	>

Please register if you wish to testify on the above named measure/issue. Please print legibly.

Revised 04/04

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
PLEASE PRINT LEGIBLY Sen Steiner Hayward Diane Polscer (phone) Dr. Michelle Berlin								
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