PUBLIC RECORD

WITNESS REGISTRATION

Oregon State Legislature

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Committee Name:	Louise	Health Care	

Public Hearing on: 48 3260 Date: 4/S (2013

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

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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MICHAEL DEMBROW, RE	۶							
JOHN A								
JENNIEER WILLIAMSON			V	V			V	
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JOHN MCCONNELL, PhD			/				~	
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