PUBLIC RECORD
Oregon State Legislature WITNESS REGISTRATION

Committee Name:_	JWM HS	
Public Hearing on:_	HB 5027- Nursing	Date: <u>4-9-2013</u>
Please register if you wish t	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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