## **PUBLIC RECORD** Oregon State Legislature

## WITNESS REGISTRATION

Committee Name: Sen	Education &	Workford	ce Develop	ment

Public Hearing on: 4/18/2013 Date: 4/18/2013

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
Matthew Barbon ODE			X	×	*		×	