**PUBLIC RECORD** 

Oregon State Legislatur WITNESS REGISTRATION

Committee Name:	Senate	Health	Care	8 Hur	1an Ser	vices
_				-		

Public Hearing on: +B 2104 A

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
ED BORRD OF MEDICALING	C		V	$\vee$			8	-
FO CONLOW BOARD OF MED, MAGING Thomasking. Board of Medical Inaging			X	~				
							-	
er Er						92		
N.	x .		=					
				×				
ji ji								