PUBLIC RECO	ORD	
Oregon State Leg	islature WITNESS REGISTI	RATION
Committee Name:_	Senate Health	Care & Human Service
Public Hearing on:_	HCR 26	Date: 42213

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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Committee Services