WITNESS REGISTRATION

Oregon State Legislature House	Health Cone		
D. L. 11 - 11 - 11 - 11 - 11 - 11 - 11 -		Date: whahala	

Public Hearing on: Se 3844

Date: 4/29/2013

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

Please print legibly.

Name and Organization or County of Residence PLEASE PRINT LEGIBLY	Phone # (Optional)	Do you live more than 100 miles from this meeting location?		Position			Are you submitting written testimony?	
		Yes	No	For	Against	Neutral	Yes	No
Grory Oxman, MD, MA	503-1943.		V				V	
Haven Whitlack			V	V				~
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