PUBLIC RECORD

Oregon State Legislature

WITNESS REGISTRATION

Please register if you wish to	testify on the above	named measure,	/issue. Pla	ease print legibly.	
Public Hearing on:	SLR 6			Date: 5-1-13	
Committee Name:	House	Health	Care		

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	(Optional)	Yes	No	For	Against	Neutral	Yes	No
Diane Stadler, OHSU			V	V				
ROW STEINER, OFF.			V	r				
Tera Pierce, Rep. Williamson			/					
Committee Services				<u> </u>		1.	Revis	sed 04/04