PUBLIC RECORD
Oregon State Legislature WITNESS REGISTRATION

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Committee Name: Sende Health Care	9/ Human Services
	# # # #
Public Hearing on: +18 2691A	Date: 5/6/13
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Please register if you wish to testify on the above named measure/issue	Please nrint legibly.

Name and Organization <u>or</u> County of Residence	Phone # (Optional)  Do you live mor than 100 miles from this meeting location?		0 miles this ting tion?	Position			Are you submitting written testimony?	
PLEASE PRINT LEGIBLY		Yes	No	For	Against	Neutral	Yes	No
Diane McKeel Mult. County Commissione	r							
N.								
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Committee Services							Revise	d 04/04