Oregon State Legislature Committee Name:

Public Hearing on:

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

Please print legibly.

180	Name and Organization or County of Residence PLEASE PRINT LEGIBLY	Phone # (Optional)	Do you live more than 100 miles from this meeting location?			Are you submitting written testimony?			
			Yes	No	For	Against	Neutral	Yes	No
(	Susan King, RN Max Tenscher, FNP Madeleine Simmons, PMHINA Sennifee Barr				Ж				
1	Sennifer Barr Edwin Weign Linda Morley				X				
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**PUBLIC RECORD** Oregon State Legislati

**WITNESS REGISTRATION** 

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Committee Name:	Deni	alte t	122/11	1 Care 9	1+	luman ;	Jeruice)

Public Hearing on: HB 2902 A OPPONENTS Date: 5

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	(opaional)	Yes	No	For	Against	Neutral	Yes	No
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