PUBLIC RECORD
Oregon State Legislature
WITNESS REGISTRATION

Committee Name:	Senate	- Health	Care 21 Hum	on Services
Public Hearing on:	110	2092	Date:	v v

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
MEI KOUN MD			ν	V			V	
Sybil HEDD			V	/			/	