PUBLIC RECORD

Oregon State Legislature WITNESS REGISTRATION

Committee Name:	Senate Health Care	4 Human Services
	1.1 A	Date: 5/9/13

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
Rep. Sara Gelser								
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