PUBLIC RECORD Oregon State Legislature WITNESS REGISTRATION

Committee Name:	Senate	- Health	Care 91	Human	Services
Public Hearing on:	HB	2122 A	Dat	e: 5/14/	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
Jo Boll Capitol Destal Core			V	V				