PUBLIC RECORD

WITNESS REGISTRATION

Oregon State Legislature Committee Name: House Health Care

Public Hearing on: SB 375 A

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 PLEASE PRINT LEGIBLY	Phone # (Optional)	Do you live more than 100 miles from this meeting location?		Position			Are you submitting written testimony?	
		Yes	No	For	Against	Neutral	Yes	No
Stephanie Tama-Sweet American Stoke Assoc.			X	X			X	
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