PUBLIC RECORD

WITNESS REGISTRATION

Oregon State Legislature	WITNESS REGISTRAT	_
Committee Name: Sen. Ed	ucation & Workforce	Development
rublic Hearing on: 4B		Date: 4/25/2013

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
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