PUBLIC RECORD

Oregon State Legislature WITNESS REGISTRATION

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Committee Name:	Senate	e Health	Care &	Human	Services
الدر اic Hearing on:	SB	123	Date	: 3/21/17	3

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?	
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