MEASURE:	SB	532	
EXHIBIT:	i		

WITNESS REGISTRATION S VETS. & EMERGENCY PREPAREDNESS DATE: 4-18-2013 PAGES: 1
SUBMITTED BY: Staff

U	reg	on	Sta	te	Leg	isl a	ature	
Con	nmi	tto	a Na	m	<u>_</u>			

ചാlic Hearing on:_	SB532	Date:_	4-18-2013

Please register if you wish to testify on the above named measure/issue.

Please print legibly.

Name and Organization or 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
				-				