PUBLIC REC	ORD			
Oregon State Le	gislature WITNESS REG	ISTRATION		
Committee Name:	Senate Rules			
Public Hearing on:_	HB 2747 A	Date:	6-24-13	

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
Mile Becker Providence Health - Services			×	X				X
Providence Health : Services Sara Gelser				X				
David Williams				5				
ж. Х								
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×								
Committee Services	4.5		h ()			•	Revise	d 04/04