## PUBLIC RECORD WITNESS REGISTRATION

Commi	State Legisla	iture moner	Education	and	Markforce	Development	
	γ.						

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

Fublic Hearing on: 146 2033

Date: 2 6 13

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
Cynthia Wickham			X	X			X	
Committee Services							Davisa	ed 04/04