Oregon State Legislature	WITNESS REGISTRATION	N
Committee Name: <u>Sen</u>	Education & Workf	orce Development
Public Hearing on:		ate: 2/26/2013

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	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
PLEASE PRINT LEGIBLY MORGAN ALLEN OSP3A			×	\checkmark				×

Revised 04/04