IC RECORD State Legislature WITNESS REGISTRATION

ittee Name: Senate Health	Care & Human Services
olic Hearing on: SB 167	Date: 2/12/13

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

	Phone # (Optional)	than 1	live more 00 miles n this eting ation?	Position			Are you submitting written testimony?	
	(575.51.61)	Yes	No	For	Against	Neutral	Yes	No
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