ITNESS REGISTRATION Oregon State Legislature Committee Name: Public Hearing on:

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

**PUBLIC RECORD** 

| Name<br>and<br>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 |
| Christy Court Overson Association   | K-) (              |   | X  | X        |         |         | X                                     |    |
| Michael Wray of Nurse Anesthet  FRANK PALMINOSE MI  Oregon Society of Arothylyn | ,                  |   | X  |          | X       |         |                                       | X  |
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