## **PUBLIC RECORD**

Oregon State Legislature WITNESS REGISTRATION

Committee Name: House	Health Care
Public Hearing on: NB 2104	Date: 2/2s/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
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