**PUBLIC RECORD** 

Oregon State Legislature WITNESS REGISTRATION

Committee Name: Howe Health Care

Date: \_3/// Public Hearing on:

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 PLEASE PRINT LEGIBLY	Phone # (Optional)	Do you live more than 100 miles from this meeting location?		Position			Are you submitting written testimony?	
		Yes	No	For	Against	Neutral	Yes	No
Russ Nouse, Willamette Dental			X		X		X	
DOUG BARBER WILLAMETTE DENTAL			X		X			X
DOUG BARBER WILLAMETTE DENTAL Courtney Johnston (Rep. Hoyle Staff)			X	K				x
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