WITNESS REGISTRATION

Oregon State Leg	islature	Health Ann	ci Ulinan	n Services
Committee Name:	SENIAK	TICAIN COR	4 TIUMIC	M OCKVICES

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	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
Hathleen M. Brown		V		~				/
Jack S. Bann (ach)		/						L
GARY WEEKS		V		V			1	
Tom HOLT Regince Mike Dewey								
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Brian Baringer Oregon medical Association								
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