WITNESS REGISTRATION

Oregon State Legislature

Committee Name:_	Senate	Health	Care		
Public Hearing on:_	SB 301		Date:_	2-2-2	015

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

Please print legibly.

Name and Organization or 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
Deborah Loy Capital Dehtal Care ALEC SIEBIEL	5205		X		×		X	
ODMA (lobbyist)			X	X			X	