WITNESS	REGISTRATION
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PUBLIC RECORD Oregon State Legislature

Committee Name: Senate Health Care

Public Hearing on: 53280

Date: 2-2-2015

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
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Courtri Dresser			×					×
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