WITNESS REGISTRATION

House Committee on Heal Oregon State Legislature Committee Name:_

HB 2696 Date: 02-18-2015 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
Michellery		X		X			X	
Juli Singson	541- 240-407	5 X		X	_		X	
JOSM BALLOCH				×			X	
DEBI FARR				X				