WITNESS REGISTRATION

PUBLIC RECORD Oregon State Legislature

Committee Name:_	House	Committee	on He	alth Care
Public Hearing on:	HB 2	369	Date	e: 02-20-2015

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	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
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