WITNESS REGISTRATION

Oregon State Legislature

Committee Name: House Committee on Health

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
Story COWAN SEIU L.503			X	X				X
Eva Rippetoan AFSCH	Æ							
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