## **WITNESS REGISTRATION**

**PUBLIC RECORD** 

Committee Name:_	House Committee on	Heal Oregon State Legislature
Public Hearing on:_	HB 2247	Date: 02/27/2015

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

PLEASE PRINT LEGIBLY  Yes No For Against Neutral Yes No Rep. Carl Wilson  I I I I I I I I I I I I I I I I I I I	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				For	Against	Neutral	Yes	No
							4		
							L.		
									-
	9								
				4					
									,