WITNESS REGISTRATION

Oregon State Legislature

Committee Name: House Committee on Health Care

Public Hearing on: <u>HB 2638</u> Date: <u>03/02/2015</u>

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
Tom Burns	503 224 6196		X			X		X
Rep. hivoly								
Fin Gardner, 7	har u	ra						
Committee Services							Revis	ed (