## **WITNESS REGISTRATION**

House Committee or Committee Name:\_

Public Hearing on:

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

Name and Organization or 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
Littan Shirtey								
Patti O'Sullivan OAHITS					X			
DOUG BARBER					X			
PRACE HEALTH								
Tara Kruse								
Outhoring Span Kund								
Jon Brentize								
Xllike Alarn								
		-						
Committee Services							Revise	ed 04/