WITNESS REGISTRATION

PUBLIC RECORD
Oregon State Legislature

Committee Name:_	Senate	Health	Care		
Public Hearing on:_	SB 231			Date: 3/9/2015	

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
Nicole Memithew			X	X				X
Tom HOR Health Sol	atom				x		火	