## **WITNESS REGISTRATION**

PUBLIC RECORD
Oregon State Legislature

Committee Name:_	Sene	ate Health	Care		
Public Hearing on:_	5B	626		Date:_	3/11/15

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
Steve Robbins			X				X	
Steve Robbins Rob Bovett			X	X			X	
DAVID FISHNQUE, ACLU OF OR			X		×		×	\