WITNESS REGISTRATION

Oregon State Legislature

Committee Name: Senate Business + Transportati

Public Hearing on:____

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
Justin Delaney OR Life + Health Guaranty			*	*				X
								ad 04/04