WITNESS REGISTRATION

PUBLIC RECORD

Oregon State Legislature

Committee Name:_	Senate Health	Care
Public Hearing on:	SB 662	Date: 3/16/15

Please register if you wish to testify on the above nan	ned measure/issue. Pleas	Please print legibly.			
Name	Do you live more than 100 miles	Position	Are you submitting		

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
PLEASE PRINT LEGIBLY Jeffery Stewart OHSU Vanessa Browne Oregen Dental Association			*	×			*	
Vanessa Browne Oregen Dental Association			X	X				
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