	WI	TNESS R	PUBLIC RECORD Oregon State Legislature	
Committee Name:	Senate	Health	Care	Olegon State Legislatoro

 Public Hearing on:
 SB 673
 Date:
 3/16/15

 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	(optional)	Yes	No	For	Against	Neutral	Yes	No
DANIEL SAULY DAD OUR DENTIAL ASSOCIATION			>	2			7	