WITNESS REGISTRATION

PUBLIC RECORD
Oregon State Legislature

Committee Name:_	House Committee on	Health Care
Public Hearing on:		Date: 03/18/2015

Please register if you wish to testify on the above named measure/issue.

Please	print	legibly.

Name and Organization <u>or</u> County of Resider	nce Phone # (Optional)	Do you live more than 100 miles from this meeting location?		Position			Are you submitting written testimony?	
PLEASE PRINT LEGIBLY	(0)	Yes No		For	Against	Neutral	Yes	No
Hathleen M Brown	(541) 217- 8230			V			V	
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