WITNESS REGISTRATION

Committee Name:	ilature s	senate	Health Care	
Public Hearing on:	SB	440		Date: 3/18/15

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	(op.ion.i)	Yes	No	For	Against	Neutral	Yes	No
Felicia Hoyens				1				
Jessica Adamson			1				/	
Jeremy Vandehey								
John Daniels				V			/	
Jesse D'Brien OSPIRG				V				
BJ CAJNOZ								
ONE IN FURCHRONICHE	MITH							

Committee Services

Revised 04/04