PUBLIC RECORD WITNESS REGISTRATION

Oregon State Legisle	ature Senate	Health Care		-
Public Hearing on:	SB 520		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 Reside	nce 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
Lis Houcher	360	V		V			å.	
Amy Valdez	503 704 4783			V			\sim	