WITNESS REGISTRATION

Committee Name: House Committee on

Public Hearing on:

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

Phone # (Optional)	Do you live more than 100 miles from this meeting location?		Position			Are you submitting written testimony?	
	Yes	No	For	Against	Neutral	Yes	No
	×		×		_		
703 85/6055		X	X				X
310 213-0896		8	X				X
(503) 321-4174		Х	/				X
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