WITNESS REGISTRATION

PUBLIC RECORD Oregon State Legislature

Committee Name:_	House Committee	on Health Care
D. blis Heaving and	HR 2551	Date: (12/23/7015

Public Hearing on: Date: 03/23/2015

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

Name and Organization <u>or</u> County of Residence	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
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