WITNESS REGISTRATION

Committee Name:

Public Hearing on:

Date:_

Oregon State Legislature

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		Yes	No	For	Against	Neutral	Yes	No
Dave Rosenfeld oseiRA				Х			X	
				X				X
Scorr Winkels Stacy COWAN SELV 503				\times				×
TRICIA SMITH OSEA	-			X				\propto
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