## PUBLIC RECORD

## WITNESS REGISTRATION

Oregon State Legislature Senate Health Care
Committee Name:

Public Hearing on: SB 니b Date: 3/23/15

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 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
OHA Rep.								
Jennifer Vines			/	/			/	
Sen. Steiner Hay word								
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