## **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.

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
Debi Farr				V				
Trillium				$\Lambda$				
Alan Yordy				V				
PeaceHealth								
Jane Conley	\			X				
Jenny Ulum Penettealth				X				
ALAN YORDY Peace Health				X				
Michelle Gravere Spanit Strategies								
St. Jahn Burland				×				
( Costs Costs								
Committee Services							Revis	sed 04/0