WITNESS REGISTRATION

PUBLIC RECORD Oregon State Legislature

Committee Name:	House Commit	tee on Health Care
Committee Name		
Public Hearing on:	HB 3347	Date: 04/03/2015

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		Position			Are you submitting written testimony?	
	Yes No		For	Against	Neutral	Yes	No
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Pregon State Legislature

Committee Name: House Committee on Health Cave

Public Hearing on: HB 3347 Date: O4/o3/2015

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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?	
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