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WITNESS REGISTRATION

Committee Name:	House Committee	on Health	Care					
Public Hearing on:			Date: <u>()</u> 4	13/2015				
Please register if you wish to testify on the above-named measure/issue. Please print legibly.								

Name PRINT LEGIBLY	Organization or County of Residence	Check if you live more than 100 miles from	Position on Measure		
		this meeting.	For	Against	Neutral
Dr Mike Shirtcliff	Advantage Dental	\prec	×		
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