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WITNESS REGISTRATION							
Committee Name: _	House	Committee	on Health Care				
Public Hearing on:	SB	561 A	Date: 05/11/201	5			

Please register if you wish to testify on the above-named measure/issue. <u>Please print legibly</u>.

Name PRINT LEGIBLY	Organization or County of Residence	Check if you live more than 100 miles from this meeting.	Position on Measure		
			For	Against	Neutral
Sen. Sara Gelser	Senate District 8				