MEASURE: <u>HB 2368</u> EXHIBIT: <u>14</u> SENATE HEALTH CARE DATE: 4/29/15 PAGES: 1 PUBLIC RECORD: This form, your verbal testimony, and materials you distribute will posted on the Internet and accessible to the public. WITNESS REGISTRATION Committee Name: Senate Health Larc Public Hearing on: ______ HB 2368 ______ Date: ____/29/15-Please register if you wish to testify on the above-named measure/issue. <u>Please print legibly</u>. **Organization or County of** Check if you **Position on Measure** Name live more Residence than 100 miles from **PRINT LEGIBLY** this meeting. Neutral For Against Bob Joondeph DRO

CS001 (rev. 6/2014)