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## WITNESS REGISTRATION

Committee Name:	House	Committe	e on t	tealt	n Care			
Public Hearing on: _					05/18/2015			
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 this meeting.	Position on Measure		
			For	Against	Neutral
Ruby Jason	Oregon Board of Nursing		V		
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