PUBLIC RECORD: This form, your verbal testimony, and materials you distribute will be posted on the Internet and accessible to the public.

WITNESS REGISTRATION

Places register if you	wish to testify	on the above-named m	pagenralisena Pleas	o nri	int legibly	
Public Hearing on:					18/2015	
Committee Name:	House	Committee	on Health	Ca	we	

Name PRINT LEGIBLY	Organization or County of Residence	Check if you live more than 100 miles from this meeting.	Position on Measure		
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