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WITNESS REGISTRATION

Committee Name: _	Sen	ate	Health	Care
Public Hearing on:	HB	2876	A	Date: 5/20/15
Please register if you	ı wish to 1	testify on th	e above-na	med 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
Patty O'Sulling Tara Kruse	Oregon ASSOCIATION OAST OF SURGICOL FECTION	(dg ST	V		
Patty O'Sullino	OAST		V		
TaraKruse	OAST		~		