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

WITNESS REGISTRATION

Committee Name: _	House	Committee	on	Health	Care		=		
Public Hearing on:	SB	684			Date: <u>05</u>	127	/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
Dr. Sanjiv Kaul (via phone) Scott Gallant	Knight Cardiovascular				
Scott Gallant	Oregon Medical Boar	d			
Julie Hanna	OHSU				