MEASURE: Witness Registration
EXHIBIT: 3
SENATE WORKFORCE
DATE: 2/4/15 PAGES: 2
SUBMITTED BY: STAFF

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WITNESS REGISTRATION

Committee Name:	Senate	Workforce					_
Public Hearing on:	5B243	3	Date:	2	14	12015	

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			
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WITNESS REGISTRATION

Committee Name: Sey	late Workforce	
Public Hearing on: <u>SB</u>	243	Date: 2/4/2015
Please register if you wish to te	stify on the above-named measure/issuc.	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			
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