WITNESS REGISTRATION

Oregon State Legislature

Committee Name:	Joint Ways 3 mans S	ubcommittee on Education
Public Hearing on:	SB 475	Date: 05/28/2015
Please register if you wish to	testify on the above named measure/is	Please print legibly

Name and Organization or County of Residence	Phone # (Optional)	Do you live more than 100 miles from this meeting location?		Position			Are you submitting written testimony?	
PLEASE PRINT LEGIBLY		Yes	No	For	Against	Neutral	Yes	No
Daniel C. Can - Douglas		X		X				X
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Committee Services							Revise	d 04/04