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WITNESS REGISTRATION

Committee Name:	House Health Care	
Public Hearing on: _	HB 2882	Date: 3/8/17

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		
		this meeting.	For	Against	Neutral
m. he Shirtel. 66	Advantage Deutal	X	X		
Matt Sinnett	WDG			X-am	ud
Jo Bell	Copitol Dental Core			4-one	el
Jim Bonn	Advantage Dental				
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