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WITNESS REGISTRATION

Committee Name: _	Senate Health Care						
Public Hearing on:	6B 744	Date:	3/16/17				
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	Position on Measure		
	1 100	this meeting.	For	Against	Neutral
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