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:	Senate Health Care						
Public Hearing on:	5B 917	Date:	4/4/17				
Please register if you	ease 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
Paul Terdal	multhough county		$\times$		
Julie Kornack	Center for Autism One, whove chave	/	X		
BJ CAVNOR	ONE, WFOUR CHRUN	vic ita	AN	+	
John Mullin	oregon Law Center			X	