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## WITNESS REGISTRATION

Committee Name: _	Sinate Health Care							
Public Hearing on:	EB 808	_ Date:_	4/6/17					
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		
1				For	Against	Neutral
Ų	Tohn Kontana	ORRGON State Public Health	loborator	\		X
V	Todd Jaddell	clackamas		K		
·	Tammy Wilsonx	famhill		X		
V	Cennifer Knapp	Springfield		X		
	Warra Etherton	OPCA	$\sim$	A	^	