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WITNESS REGISTRATION

Committee Name: _	House	e Health	Care			
Public Hearing on:	<u>HB</u>	3353		Date:_	4/7/17	
Please register if you wish to testify on the above-named measure/issue. <u>Please print legibly</u> .						

	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
_	Jim Bonn	Advantage Denta		V		
_	Sharity Ludwig	Advantage Dental	V	V		
/	Sharity Ludwig Dr Mike Shirt cliff	Advantage Dental	V	V		
		OHSU-PSUSLOWA				
	MAVID Bangsberg KIRK Mouser	Checomas				
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