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WITNESS REGISTRATION

Committee Name:	Senate Health Care	<u> </u>
Public Hearing on:	SB 783	Date: 3/30/17
Please register if you	ı wish to testify on the above-named measure/iss	sue. 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
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