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WITNESS REGISTRATION

Committee Name: _	Senate Health C	iare				
Public Hearing on: _	6B 786	Date:	3/30/17			
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		
			For	Against	Neutral
Kris Alman MD	Washington Courty Capital Dental Cure		/		
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