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WITNESS REGISTRATION

Committee Name: Senate Education		
Public Hearing on: 6854	Date:_	4/13/17
Please register if you wish to testify on the above-named measure/issue.	<u>Please</u>	print legibly.

Name Organization or County of Residence 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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