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WITNESS REGISTRATION

Committee Name: _	Hous	e Heal-	th Care						
Public Hearing on:	SB	60			Date:_	4/19/17			
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		
		this meeting.	For	Against	Neutral
Nicole Krishnaswami Olivni Dresxir	Oregon Medical Board		X		
Ourni Dressir	OMA		X		