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## WITNESS REGISTRATION

Committee Name: _	Senate Health Coure								
Public Hearing on:	4B 2114A	_ Date:_	4/25/17						
Please register if vol	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	
U	Rep. Greenlick	ES 9H					
L	Courtni Dresser	OR MEDICAL ASSOC.		$\sqrt{}$			
_	Rep. Greenlick Courtni Dresser Nan Heim	OR MEDICAL ASSOC.  OR ASSOC OF ORTHOPEDIC SUNGEUNS					
		U					