PUBLIC RECORD: This form, your verbal testimony, and materials you distribute will be posted on the Internet and accessible to the public.

## WITNESS REGISTRATION

	House Health	Care			_
Public Hearing on:	SB 944		Date:5	13/17	_
Places register if you	, wish to testify on the	above-named measure/issue.	Please 1	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
George Okulitan					
		-			
9					
				4	