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## WITNESS REGISTRATION

Committee Name:	Senate Health Care		<i>ω</i>	9	
Public Hearing on:	Drate Halth Care	Date:	5/16	/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
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