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

## WITNESS REGISTRATION

Committee Name:	Senate Health Cou	<u> </u>			
Public Hearing on:	Senate Health Cou	Date:	5/3	r/0	
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Name PRINT LEGIBLY	Organization or County of Residence	Check if you live more than 100 miles from this meeting.	Position on Measure		
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