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WITNESS REGISTRATION

Committee Name: _	House Health	Care							
Public Hearing on:	HB 2397	Date:	2	3					
Please register if you	se 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
5	5 Bill Cross	OSPA OSHP		\checkmark		
	S Bill Cross Kevin Russell Courtni Dresser	11 1)				
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