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WITNESS REGISTRATION						
Committee Name: _	Senate Health Care					
Public Hearing on:	5B 1548	Date: 02/07/2018				

Please register if you wish to testify on the above-named measure/issue. <u>Please print legibly</u>.

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
DR JOH BETLINSKI	ORELL PSYCHIATRIC Physicials 2554				
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