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WITNESS REGISTRATION

Committee Name: _	Senate	Human Services	
Public Hearing on:	SB 21	Date:	1/22/19

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

CS001 (rev. 6/2014)