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WITNESS REGISTRATION

Committee Name: <u>Senate Health</u>	Care
Public Hearing on: 53 60	Date: 01/23/2019
Please register if you wish to testify on the above-named mea	sure/issue. Please print legibly.

Name PRINT LEGIBLY	Organization or County of Residence	Check if you live more than 100 miles from	Position on Measure		
		this meeting.	For	Against	Neutral
Nicole KrishNASWAMI	Oregon Medical Board Oregon Assn. of Acoputa		~		
Niede Krishnaswami Dan Cushing	· Ocientel Medicine	\$			
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