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

WITNESS REGISTRATION

WIIIIDDING						
Committee Name:	House	Health Care				
Public Hearing on:	HB 2092		Date: 01/24/2019			

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
Michelle Sigmind-Gälnes	OPTLB		<		
		II.			