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

## WITNESS REGISTRATION

**Committee Name:** House Health Care

**Public Hearing on:** HB 2610 **Date:** 01/31/2019

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

| Name<br>*PRINT LEGIBLY* | Organization or County of Residence | Check if you live more than 100 miles from this meeting. | Position on Measure | | |
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