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## WITNESS REGISTRATION

Committee Name:	Senate	Committee on	Edu	cation
Public Hearing on:		_	Date:	2/4/19
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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
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