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WITNESS REGISTRATION

Committee Name: Senate Education Committee

Public Hearing on: SB 293 Date: _____

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

Name <i>PRINT LEGIBLY</i>	Organization or County of Residence	Check if you live more than 100 miles from this meeting.	Position on Measure		
			For	Against	Neutral
Michelle Steinhilber	College of Osteopathic Medicine NW		<input checked="" type="checkbox"/>		
OMAR Raehdi	"		<input type="checkbox"/>		
Jordan Bilbren	"		<input type="checkbox"/>		
Giulita Di Bella	"		<input type="checkbox"/>		
JUSTIN MARTIN	OREGON DENTAL ASSOC. CONFEDERATED TRIBES OF GRAND RONDE		<input checked="" type="checkbox"/>		