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WITNESS REGISTRATION

| Committee Name: | SENATE | NORKFORCE | |
|--------------------|--------|-----------|-----------|
| Public Hearing on: | SE 114 | Date:_ | 2-19-2019 |

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

| Name PRINT LEGIBLY | Organization or County of Residence | Check if you live more than 100 miles from | Position on Measure | | |
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WITNESS REGISTRATION

| Committee Name: SENATE | WORKFORCE | | | | | | | | | |
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| Public Hearing on: | | | | | | | | | | |
| Please register if you wish to testify on the above-named measure/issue. Please print legibly. | | | | | | | | | | |
| Name 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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