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WITNESS REGISTRATION

Committee Name:	Senate	Human	Services	
Public Hearing on:	SB 18/		Date:	2/19/19

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		
		tino meeting.	For	Against	Neutral
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