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: | SENATE HEALTH | CARE | | | | | | |
|--|---------------|-----------------|--|--|--|--|--|--|
| Public Hearing on: | SB 599 | Date: 3-18-2019 | | | | | | |
| 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 this meeting. | Position on Measure | | |
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