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WITNESS REGISTRATION

Committee Name:	SEN	ATE	NORKFORCE		
Public Hearing on:	5B	494		Date:_	3-26-19

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		
		this meeting.	For	Against	Neutral
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