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 WORKFORCE				
3	Date: 3-2,6-17			
Please register if you wish to testify on the above-named measure/issue. Please print legibly.				
Organization or County of Residence	Check if you live more than 100 miles from this meeting.	Position on Measure		
		For	Against	Neutral
			4	
			41	
	on the above-named measure/issu Organization or County of	Organization or County of Residence Check if you live more than 100 miles from	Organization or County of Residence Check if you live more than 100 miles from this meeting. Date: 3-26-	on the above-named measure/issue. Please print legibl Organization or County of Residence Check if you live more than 100 miles from this meeting.