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: SJM 2 **Date:** 4-3-2019

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		
			For	Against	Neutral
SAMUEL MEIZ	MULTNOMAH CTY		✓		

CS001 (rev. 6/2014)