**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

**Public Hearing on:** HB 2593 A **Date:** 4/23/19

**Please register if you wish to testify on the above-named measure/issue.** ***Please print legibly.***

| Name<br>*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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