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 Human	Services						
Public Hearing on:	HJR 15	Date:_	4-23-19					
Please register if you wish to testify on the above-named measure/issue. Please print legibly.								
Nama	Organization or Cou	nty of Check if you	Position on Measure					

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
		-			
		1			
		1			