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: _	House	Health	Care		_
Public Hearing on:	SB 15	50 A		Date: 02/18/2020	_

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		
		ting meeting.	For	Against	Neutral
Dr JAMifer Clonoms	Capital Dental Care		X		
Dr Eli Schuarz	Capital Dental Care OHSU School of Datatry		×		
	×				