

PUBLIC RECORD

WITNESS REGISTRATION

Oregon State Legislature

Committee Name: Health Care & Human Services

Public Hearing on: ^{SB} 569 Date: 3/18/13

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

Name and Organization or County of Residence PLEASE PRINT LEGIBLY	Phone # (Optional)	Do you live more than 100 miles from this meeting location?		Position			Are you submitting written testimony?	
		Yes	No	For	Against	Neutral	Yes	No
Miles Ellenby OHSU			X	X				X
AUDI EASTON OAHHS			X			X	X	