

PUBLIC RECORD

WITNESS REGISTRATION

Oregon State Legislature

Committee Name: _____

House Health Care

Public Hearing on: _____

HB 334S

Date: _____

4/15/2013

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
Hasina Squires			✓	✓ -7				✓
April Salisbury medicare			✓	✓ -7				✓
Steve Wells Biog-ht			✓	✓ -7				✓