

WITNESS REGISTRATION

Committee Name: House Health Care

Public Hearing on: SB 491 Date: 5-6-2013

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
Larry Cowner			✓	✓			✓	
Wendy Curtis			✓	✓			✓	