

WITNESS REGISTRATION

Committee Name: House Health Care

Public Hearing on: SB 569A Date: 5/15/2013

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 |
| Mark Lougren - OHSU | | | X | X | | | X | |
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