

PUBLIC RECORD

WITNESS REGISTRATION

Oregon State Legislature
Committee Name: _____

House Committee on Education

Public Hearing on: HB 2753

Date: _____

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
<i>Christine Shank Disability Rights Oregon</i>			<i>x</i>	<i>x</i>				<i>x</i>