

# **PUBLIC RECORD**

## **Oregon State Legislature WITNESS REGISTRATION**

Committee Name: House Health Care

Public Hearing on: HB 2946 Date: 3/18/2013

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

Name and Organization or County of Residence <b>PLEASE PRINT LEGIBLY</b>	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
Jill Price DMD Oregon Dental Assoc.	503-806-9603		X	X			X	