

WITNESS REGISTRATION

Committee Name: House Health Care

Public Hearing on: HB 4085 Date: 2/3/2014

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

Name and Organization or County of Residence <small>PLEASE PRINT LEGIBLY</small>	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
Rep. Tomei								
Rep. Williamson								
KATHLEEN COCHRAN			X	X			X	
Jason Parks			X	X			X	
John G. Powell (Reverence)			X	X			X	