

# WITNESS REGISTRATION

**PUBLIC RECORD**  
**Oregon State Legislature**

Committee Name: House Health Care

Public Hearing on: HB 4002

Date: 2/10/2014

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
FRAN FERDER Dr Fran Ferder, Psychol							✓	
DR. CLIFF JOHANNSEN OR Psychological Assn					×			
DR. ROBIN HENDERSON OR Psychological Assn CALLING IN					×			