## **WITNESS REGISTRATION**

Oregon State Legislature Committee Name:

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Public Hearing on:

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

Phone #	Do you live more than 100 miles from this meeting location?		Position			Are you submitting written testimony?	
	Yes	No	For	Against	Neutral	Yes	No
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Committee Services

Revised 04/04