Committee Services

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Oregon State Legislature WITNESS REGISTRATION

Committee Name: House Health Co	ne
Public Hearing on: SB 1579 A	Date: 4/9/2014
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
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Revised 04/04