

# WITNESS REGISTRATION

**PUBLIC RECORD**  
Oregon State Legislature

Committee Name: House Health Care

Public Hearing on: HB 4109 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 <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
<del>John Mullin</del> Oregon Law Center			X	X			X	
<del>DOUG BARBER</del> HEALTH UNDERWRITERS						X		
Courtney Wastling								
Angie Dittes PCA								