

# WITNESS REGISTRATION

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

Committee Name: Senate Health Care

Public Hearing on: SB 547 Date: 2-11-15

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
Ruby Jason, OSBN			✓			✓	✓	
Susan King Oregon Nurses Association			x	✓				x