

WITNESS REGISTRATION

Committee Name: House Committee on Health Care

Public Hearing on: HJM 6 Date: 03/02/2015

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
Caleb Hayes						X		
Debra Taylor			X	X				
ALEX CUYLEN			X	X				