

WITNESS REGISTRATION

PUBLIC RECORD
Oregon State Legislature

Committee Name: Senate Health Care

Public Hearing on: SB 445 Date: 3/11/15

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

Name and Organization or County of Residence 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
<i>Awn Uhler</i>			<i>X</i>	<i>X</i>			<i>X</i>	
<i>Sheri Malstrom</i> <i>Oregon Commission for Women</i>	<i>503 - 421-1760</i>		<i>X</i>	<i>X</i>			<i>X</i>	