

WITNESS REGISTRATION

Committee Name: House Committee on Health Care

Public Hearing on: HB 2026 Date: 03/16/2015

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
Dennis McNanny Oregon Bio			X		X			X
ANNA MARIE MATHER Global Health Living	818 3880111	?	?		X			?
TOM HOLF CUMBIA			X	X				
Elice Brown Wendy Rappaport			X	X				
Troy Rayburn					X			
Kim Lowry	503- 245- 5645		X		X		X	
Barbara Hopkins	971- 218- 6405		X			X	X	