

**WITNESS REGISTRATION**

Committee Name: House Committee on Health Care

Public Hearing on: HB 2951 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 <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>Done!</del> Thea Zajac		X			X			X
Sarah Truman			X	X				X
Jim Huls			X	X				X
<del>JEANNE BASSAWAY</del>		X			X			
<del>Robert Judge</del>			X		X			
<del>JUST BISITOP</del>		X			X			
Carlton Tilley					X			
JAN MEEKCOMS NFB			X		X			X
TOM HOLT CAMBIA			X		X			