

WITNESS REGISTRATION

Committee Name: Senate Health Care

Public Hearing on: SB 660 Date: 3/16/15

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
Doug Barber WILLAMETTE DENTAL						X		
Matt Sinnott WILLAMETTE DENTAL						X		
Kellie Barnes MULTNOMAH			X			X w/ amendment		
Weston Heringer Jr. Oregon Dental Association						✓		
Emily Nazarov Dept. of Education			X				X	X
Mel Reder							X	
Deborah Loy Capitol Dental Care			X					X