

# WITNESS REGISTRATION

**PUBLIC RECORD**  
Oregon State Legislature

Committee Name: Senate Health Care

Public Hearing on: SB 692 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 <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
George Okolitch ODA								
Capitol Dental Care Capitol Dental Care			X				X	