

WITNESS REGISTRATION

PUBLIC RECORD
Oregon State Legislature

Committee Name: House Committee on Health Care

Public Hearing on: HB 2021 Date: 03/20/2015

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
2 / Frances Sonseri Oregon Dental Assoc			X	X			X	
1 / Kolic Barnes								
/ Mel Rader				X				