

# WITNESS REGISTRATION

**PUBLIC RECORD**  
Oregon State Legislature

Committee Name: House Committee on Health Care

Public Hearing on: HB 3023 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 <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>Laura Eberton (on phone)</del>			X	X				X
<del>JONATHAN James</del>			X	X				X
<del>DR. LISA BOZZETTI, D.D.S.</del>			X	X			X	
<del>Daniel Saway Saucy Oregon Dental Assoc.</del>			X	X			X	
<del>Tony Finck Oregon Oral Health Coalition</del>			X	X				