

**WITNESS REGISTRATION**

Committee Name: House Committee on Health Care

Public Hearing on: HB 2935 Date: 03/25/2015

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
Deborah Hoy Capital Dental Care	503-585-5205		X	X			X	
Dr. Mike Shurtchick Advantage Dental		X		X				X