

WITNESS REGISTRATION

Committee Name: House Committee on Health Care

Public Hearing on: HB 3451 Date: 04/08/2015

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
Silke Akerson Oregon Midwifery Council			X	X			X	
T.								
Bella Vie Gentle Birth Center Sherri Clark			X	X				X
Bella Vie Lee Carlson			X	X				X
Laura Erickson Alma Midwifery			X	X				X
Carol Gilbert Bella Vie			X	X				X
Bella Vie Desiree Lefave			X	X				X

Committee Services
Augustine Colebrook

X X X
Revised 04/04 X