PUBLIC RECORD: This form, your verbal testimony, and materials you distribute will be posted on the Internet and accessible to the public.

WITNESS REGISTRATION

Committee Name: House Committee on Health Care

Public Hearing on: SB 648 **Date:** 05/11/2015

Please register if you wish to testify on the above-named measure/issue. ***Please print legibly.***

Name *PRINT LEGIBLY*	Organization or County of Residence	Check if you live more than 100 miles from this meeting.	Position on Measure		
			For	Against	Neutral
Lindsey Hopper	Deschutes, COHC	X	X		

CS001 (rev. 6/2014)