

**PUBLIC RECORD**

**WITNESS REGISTRATION**

**Oregon State Legislature**  
Committee Name: \_\_\_\_\_

JWMHs

Public Hearing on: SB 336 Date: 6-15-2015

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
Doree Riggs OR. School Based Health Alliance				✓			✓	