

# WITNESS REGISTRATION

Committee Name: JWMHS

Public Hearing on: HB 3396 Date: 6-23-2015

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
Scott Ekblad office of rural health			X		X			
Doug Barber Rural Health Assoc.			X		X			