

**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 Health Care

Public Hearing on: HB 4015 Date: \_\_\_\_\_

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

Name <i>PRINT LEGIBLY</i>	Organization or County of Residence	Check if you live more than 100 miles from this meeting.	Position on Measure		
			For	Against	Neutral
<del>Dave Noy</del>	<del>nearsters local 223</del>			<input checked="" type="checkbox"/>	
Dale Penn II	Providence		<input checked="" type="checkbox"/>		
Paul Cosgrove	VSP		<input checked="" type="checkbox"/>		
Ashley McFerron	OOPA			<input checked="" type="checkbox"/>	
Pam deCalista	OOPA			<input checked="" type="checkbox"/>	
Bill Cross	OOPA			<input checked="" type="checkbox"/>	
Nax Heim	DR. ACADEMY OF OPHTHALMOLOGY			<input checked="" type="checkbox"/>	