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WITNESS REGISTRATION

Committee Name: House Health Care

Public Hearing on: HB 4016 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
KATHLEEN HALEY	OR. MEDICAL BOARD		✓		
Christopher Hamilton	Robert Behrmd Health				✓
Perta Estrada	Oregon Nurses Foundation				
TOM DELZELL	Juniper Behavioral Consulting		✓		
Jini Conway	OREGON HEALTH PROFESSIONALS PROGRAM LLC		✓		