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WITNESS REGISTRATION

Committee Name: House Health Care

Public Hearing on: HB 3181 Date: 3/20/17

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
<u>Melissa Freeman</u>	<u>Oregon Community Foundation</u>		<input checked="" type="checkbox"/>		
<u>Mikeshintzlik</u>	<u>Advantage Dental</u>	<u>yes</u>	<input checked="" type="checkbox"/>		
<u>Weston Heringer Jr</u>	<u>Oregon Dental Assn</u>		<input checked="" type="checkbox"/>		
<u>KEN YATES</u>	<u>OREGON DENTAL ASSN</u>		<input checked="" type="checkbox"/>		