

**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 2045 Date: 4/7/17

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
Niki Terzieff	OR State Pharmacy Coalition		✓		