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**WITNESS REGISTRATION**

Committee Name: House Health Care

Public Hearing on: Informational Meeting Date: 4/19/17

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
Rep. Barbara Smith Warner	House District 45				
Chapin White	RAND				
Nora Leibowitz	HMA				
Zachary Goldman	OHA				