

**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: Senate Health Care

Public Hearing on: SB 1549 Date: 02/12/2018

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

| Name<br><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 |
| Pat Allen                    | OHA                                 |  |                     |         |         |
|                              |                                     |  |                     |         |         |
|                              |                                     |  |                     |         |         |
|                              |                                     |  |                     |         |         |
|                              |                                     |  |                     |         |         |
|                              |                                     |  |                     |         |         |
|                              |                                     |  |                     |         |         |
|                              |                                     |  |                     |         |         |
|                              |                                     |  |                     |         |         |
|                              |                                     |  |                     |         |         |
|                              |                                     |  |                     |         |         |
|                              |                                     |  |                     |         |         |
|                              |                                     |  |                     |         |         |
|                              |                                     |  |                     |         |         |
|                              |                                     |  |                     |         |         |
|                              |                                     |  |                     |         |         |