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WITNESS REGISTRATION

Committee Name: House committee on education

Public Hearing on: 4140 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
David Kracke	Center on Brain Injury Research & Training/UofO		X		
Joey Harrington	Harrington Family Foundation		X		
Melissa McCart	Center on Brain Injury Research & Training/UofO		X		
Dr. Elizabeth Powers	NW Eyecare Professionals		X		
SAM JOHNSON	OREGON ATHLETIC TRAINERS' SOCIETY		X		
boni Saffenspiel	OSBA		✓		

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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
Jessica Ventura	ODE				Y