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**WITNESS REGISTRATION**

Committee Name: SENATE HEALTH CARE

Public Hearing on: 1526 Date: 2-08<sup>4</sup>-2020

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
Chris Madden	OHCA		X		