

WITNESS REGISTRATION

PUBLIC RECORD

Oregon State Legislature

Committee Name: Senate Health Care

Public Hearing on: SB 145 Date: 2-11-15

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

Name and Organization or County of Residence PLEASE PRINT LEGIBLY	Phone # (Optional)	Do you live more than 100 miles from this meeting location?		Position			Are you submitting written testimony?	
		Yes	No	For	Against	Neutral	Yes	No
Tom Flout CAMBRIA Health Solutions			x	x				
Doug Barber OAHU			x	x				