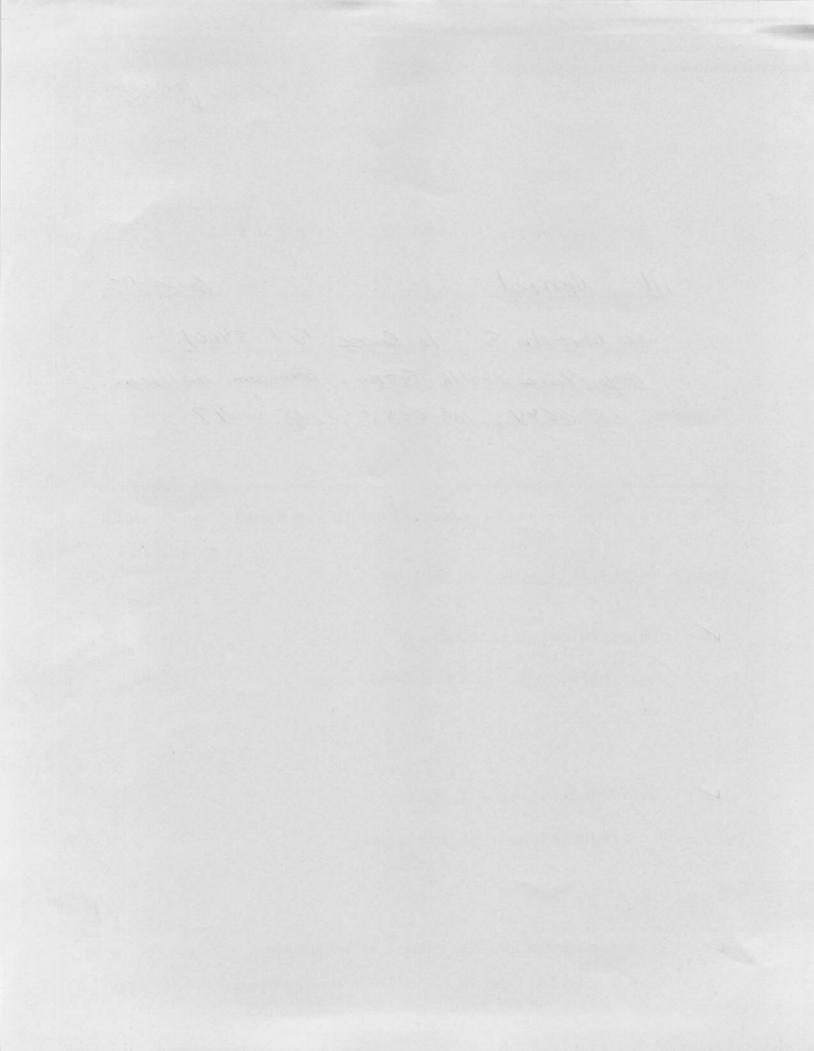
Please put the legislation number from referred matters list beside the appropriate committee(s).
J&A <u>MA120</u>
HPU
F&P

## COMMITTEE HEARING REGISTRATION SLIP

Name: DI NEITZE Date: 6-30-15-			
Address: 20 Ver Ar S., 4 Consse 4/ 5460)  I represent: Majo Clinic Health System - Franciscon Healthcom  Legislation: 15-0644, 15-0645, 15-0647			
I represent: Majo Clinic Health System - Franciscon Healthcom			
Legislation: 15-0644, 15-0645, 15-0647			
(Please fill out a separate sheet for each piece of legislation in which you are interested.)			
Please check only One (1) of the following six (6):			
I wish to speak in favor of the legislation.			
( ) I wish to speak in opposition of the legislation			
(Y) I wish to register in favor of the legislation			
( ) I wish to register in opposition of the legislation			
I'm in favor of the legislation, but only here to answer questions			
( ) I'm in opposition of the legislation, but only here to answer questions			



	Please put the legislation number from referred matters list beside the appropriate committee(s).	
	J&AMBYD	
	HPU	
	F&P	
COMMITTEE HEARING REGISTRATION SLIP		
Name: Wade Rudulph D PLEASE PRINT	ate: <u>1/30/15</u>	
PLEASE PRINT  Address: 70° West Ave South be Crosse, WI  I represent: Mayo Clinic Health System  Legislation: 644, 645, 647		
I represent: Mayo Clink Health System		
Legislation: 644, 645, 647		
Please check only One (1) of the following six (6):  I wish to speak in favor of the legislation.  I wish to speak in opposition of the legislation		
✓ I wish to <b>register</b> in favor of the legislation		
( ) I wish to register in opposition of the legislation		
(/) I'm in favor of the legislation, but only here to answer questions		
( ) I'm in opposition of the legislation, but only here to answer questi	ons	

