

Please put the legislation number from referred matters list beside the appropriate committee(s).

J&A MA-100

HPU _____

F&P _____

COMMITTEE HEARING REGISTRATION SLIP

Name: DI NEITZEL Date: 6-30-15
PLEASE PRINT

Address: 200 West Ave S, La Crosse WI 54601

I represent: Mayo Clinic Health System - Franciscan Healthcare

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

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

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Main body of handwritten text, consisting of several lines of cursive script.

Handwritten text in the lower middle section of the page.

Handwritten text at the bottom of the page, possibly a signature or footer.

Please put the legislation number from referred matters list beside the appropriate committee(s).

J&A Mayo

HPU _____

F&P _____

COMMITTEE HEARING REGISTRATION SLIP

Name: Wade Rudolph Date: 6/30/15
PLEASE PRINT

Address: 700 West Ave South, La Crosse, WI

I represent: Mayo Clinic Health System

Legislation: 644, 645, 647

(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

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

