

**GUEST REGISTER**

COMMITTEE: House Health and Human Services

DATE: 1-21-21

PLEASE PRINT LEGIBLY. THANK YOU.

NAME	REPRESENTING	CITY	BILL NO.	FOR	AGAINST	DO YOU WISH TO TESTIFY?
Brian Burge	ScIP	Bees Port	1021		✓	
Wynn Valenti	DOH	Pune	1021	✓		yes
Jim Rave	SAAHC	SF	1021	✓		yes
Mitch Rave	Sanford Health	SF	1021	✓		yes
Deborah KROGMAN Gyngman	SBSMA	Berksgo	1021	✓		yes
MARCIA WALTER	SD BO OF CHIROPRATIC EXAM.	YANKTON	100 Co	✓		YES (TELEPHONE)
MARGARET HANSEN	BO OF MEDICAL & OSTEOPATHIC EX.		1004/1005	✓		REMOTE

NAME OF PAGE MONITORING FORM: Grace Goebel



