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**CONFEREE TRANSMITTAL FORM**

*Please provide 15 hard copies of testimony along with a PDF to Barbara Moore in room 419-E  
Please submit all testimony no later than 10:00 AM the day before the scheduled meeting*

**Bill #** \_\_\_\_\_  
*Please note nomenclature (HB, SB, SCR, etc.)*

**Date of Testimony** \_\_\_\_\_  
*(MM/DD/YY)*

**Category:**  
*Please select one*

- Proponent
- Opponent
- Neutral

**Conferee**

\_\_\_\_\_  
*First name Last Name*

\_\_\_\_\_  
*Organization represented and title, if any*

\_\_\_\_\_  
*Phone number*

\_\_\_\_\_  
*Email address*

**Delivery:**  
*Please select one*

- In-person  
*(Speaking w/15 hard copies & a PDF)*
- Oral via WebEx  
*(Speaking w/15 hard copies & a PDF)*
- Written only  
*(15 hard copies & a PDF)*

**Contact** *(If different than above)*

\_\_\_\_\_  
*First name Last Name*

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