

WITNESS INFORMATION FORM

PLEASE COMPLETE THE WITNESS INFORMATION FORM BEFORE TESTIFYING

DATE: _____

NAME: _____

ORGANIZATION: _____
(IF APPLICABLE)

POSITION/TITLE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____

ARE YOU REPRESENTING: YOURSELF _____ ORGANIZATION _____

DO YOU WISH TO TESTIFY ON

LEGISLATION (BILL NUMBER): HB 1

SPECIFIC ISSUE: gifted education

SUBJECT MATTER: _____

DO YOU FAVOR _____ OR OPPOSE _____ THE ENACTMENT OF LEGISLATION
REGARDING THIS ISSUE? interested party

PLEASE GIVE A BRIEF STATEMENT OF THE GROUNDS ON WHICH YOU FAVOR OR
OPPOSE SUCH ENACTMENT:

WILL YOU HAVE A WRITTEN STATEMENT, VISUAL AIDS, OR OTHER MATERIAL TO
DISTRIBUTE?

YES _____ NO _____

(IF YES, PLEASE PROVIDE COPIES TO THE CHAIRMAN OR SECRETARY)

HOW MUCH TIME WILL YOUR TESTIMONY REQUIRE? _____