

Illinois 102nd General Assembly Witness Slip

RECORD OF COMMITTEE WITNESS - ILLINOIS HOUSE OF REPRESENTATIVES

N/A

Committee Name

BILL OR RESOLUTION NUMBER

Meeting Date & Time

Other (Subject Matter):

I. IDENTIFICATION

All fields are required unless noted as optional.

Name

Address

City

State Zip

Firm/Business Or Agency

Title

Email

(A confirmation email will be sent if email address is provided.)

Phone - -

Fax (Optional) - -

II. REPRESENTATION

This section is to be filled if the witness is appearing on behalf of a group, organization or other entity.

Persons, groups firms represented in this appearance:

III. POSITION

Select your position(s) on the legislative items.

Subject Matter

Proponent Opponent No Position on Merits

Remove Position
Add Position

IV. TESTIMONY

Select the testimony types that you will supply for the hearing. (Check all that apply)

Oral Written Statement Filed Record Of Appearance Only

Please Agree to the Terms Of Agreement

I Agree to the ILGA [Terms of Agreement](#).

 **Create(Slip)**