HOUSE JUDICIARY COMMITTEE CONFEREE SUBMISSION FORM

PLEASE SUBMIT ALL TESTIMONY (50 COPIES)

NO LATER THAN 9:00 A.M.

ON THE DAY OF THE SCHEDULED MEETING

Bill #		
Date of t	estimony	
	ntact Name (and/or person who will l	
Agency r	epresented	
Phone #_		
Please ch	neck type and category applicable:	
Type:	Oral Testimony (Speaking):	<u>OR</u>
	Written Only (Not Speaking):	<u> </u>
Category	: Proponent: Opponent:	Neutral:
	<u>ıbmit your PDF electronic testimony r</u>	oo later than 9:00 a.m. on the day of
the hear		
	urns@house.ks.gov	
Phone: 2	296-5805	

Room: 519-N