

SENATE COMMERCE COMMITTEE

CONFEREE TRANSMITTAL FORM

PLEASE SUBMIT ALL TESTIMONY (17 COPIES) to Room 441-E

NO LATER THAN 10:00 A.M.

THE DAY BEFORE THE SCHEDULED MEETING

Bill # _____

Date of testimony _____

Print Contact Name (and/or person who will be testifying):

Agency represented _____

Phone # _____ email: _____

Person delivering testimony if different from above:

Name _____ Phone: _____

Please check type and category applicable:

Type:

Oral Testimony (Speaking w/17 written copies and a PDF) _____

Oral Testimony via remote (webex) (Speaking w/17 copies and a PDF) _____

Written Only (Not Speaking 17 copies and a PDF) _____

Category:

Proponent (In support): ____ Opponent (In opposition): ____ Neutral: ____

Please submit your PDF electronic testimony no later than 10:00 am the day before the hearing to:

connie.burns@senate.ks.gov

Phone: 296-7476 Room: 441-E