

PUBLIC HEARING REPLY FORM

Persons wishing to testify at the public hearing on the “**New York Health**” bill are requested to complete this reply form **by the dates shown below** and mail, email or fax it to:

Mischa Sogut, Legislative Aide
Assembly Committee on Health
Room 822 – LOB, Albany, New York 12248
Email: SogutM@assembly.state.ny.us
Phone: (518) 455-4941, Fax: (518) 455-5939

- I would like to testify at the following hearing:
 - [] Buffalo, Wednesday, Nov. 12 (please reply by Thursday, Nov. 6)
 - [] Rochester, Thursday, Nov. 13 (please reply by Thursday, Nov. 6)
 - [] Syracuse, Thursday, Dec. 4 (please reply by Tuesday, Nov. 25)
 - [] Mineola, Monday, Dec.8 (please reply by Tuesday, Dec. 2)
 - [] New York City, Tuesday, Dec. 16 (please reply by Tuesday, Dec. 9)
 - [] Albany, Tuesday, Jan. 13 (please reply by Tuesday, Jan. 6)

- I plan to attend the following public hearing:
 - [] Buffalo, Wednesday, Nov. 12
 - [] Rochester, Thursday, Nov. 13
 - [] Syracuse, Thursday, Dec. 4
 - [] Mineola, Monday, Dec.8
 - [] New York City, Tuesday, Dec. 16
 - [] Albany, Tuesday, Jan. 13

- I would like to be added to the Health Committee mailing list.
- I will require assistance and/or handicapped accessibility information. **Please specify the type of assistance required:**

NAME: _____

TITLE: _____

ORGANIZATION: _____

ADDRESS: _____

E-MAIL: _____

TELEPHONE: _____

FAX: _____