

Public Hearing Appearance Only Registration Form

I. IDENTIFICATION Name (Please Print) _______ State _______ Zip _______ GOOGO

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Halvocate (o cool Suppose)

III. POSITION (Circle appropriate position)
Support Oppose Neutral



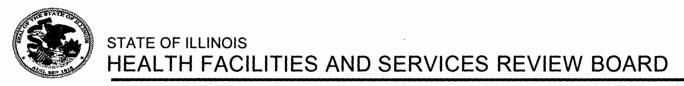
STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center - Hospital

Project Number: 17-002		
l.	IDENTIFICATION Name (Please Print) 1/enc Steiner	
	city Hollman Estate IC zip 600/0	
11.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)	
	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)	
	Advocale	
111.	POSITION (Circle appropriate position)	
	Support Oppose Neutral	



Project Number: 17-002

1.	Name (Please Print) WILCIAM SED GAN
	City WAULDNDA State IC Zip 60084
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.) Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
	Citizen
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



Public Hearing Appearance Only Registration Form

I. IDENTIFICATION
Name (Please Print)

City

State

State

L

Zip

60014

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Self

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

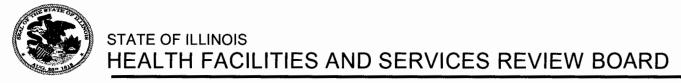


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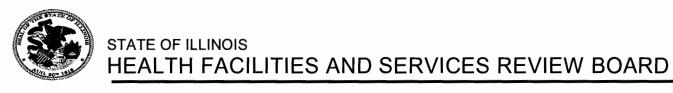
Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

۱.	IDENTIFICATION Name (Please Print)	is a Derer	
	city Cary	State	zip 60013
II.	entity.)	ion is to be filled if the witness is appearing on beh	
	Self		
III.	POSITION (Circle appropri	iate position)	
	Support	Oppose N	eutral



oject i	Number: 17-002
1.	Name (Please Print) Hadley Streng
	city <u>Crystal Lake</u> state <u>IL</u> zip 60012
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
	Centegra Health System
	J .
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



Project Number: 17-002		
l.	Name (Please Print) Kelli Couter	
	city Crystal Lake State Illinois zip 600/4	
11.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)	
	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for	
	Health Care) Centegran Heath System	
	Crystal Lake Resident	
HI.	POSITION (Circle appropriate position)	
	Support Oppose Neutral	



ojeci	Number: 17-002
1.	Name (Please Print) SHORME ALI
	City PALATINE State 12 zip 60074
11.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) Lentequa Health System.
111.	POSITION (Circle appropriate position)
	Support Oppose Neutral



Project Number: 17-002

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization entity.) Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citiz Health Care) Centegra (Health System)	city Crystal La	KeState	ıL	zip_ 600
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citiz	·	tion is to be filled if the witness	is appearing on behal	f of any group, organization
Health Care)	•	represented in this ap	pearance (i.e., A	BC Concerned Citize
Centegra (lealth Jystom	Health Care)			
	Cent	egra (lealth	- 245+02	<u> </u>
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STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project N	Project Number: 17-002		
I.	IDENTIFICATION Name (Please Print) AANDA I. SHEPLEY		
	Name (Please Print) AANDA THE PLEY City Cry 5 Too Lake State Ininois Zip 60014		
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)		
	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)		
	RESIDENT OF CRYSTAL LAKE.		
III.	POSITION (Circle appropriate position)		
	Support Oppose Neutral		



oject r	Number: 17-002
1.	Name (Please Print) DAN LAWLEN
	City Chi Euro State // Zip 60606
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for
	Health Care) BARNESZ THURNBONGLLP
	Counsel to Censeya Health System
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral