

Name (P	CATION lease Print) _	Jeni H	allatt		
City	ake Go	neva	State)\	Zip53147
REPRESE	NTATION (Th	nis section is to be	filled if the witness is ap	pearing on behalf of a	any group, organization or ot
-	•	etc. represer	ited in this appea	rance (i.e., ABC	Concerned Citizens f
			mercyhod	eth	
			J		
POSITIO	N (<i>please cir</i>	cle appropria	te position)		
Supp	ort		Oppose	Neutra	al
Testimor	ny (<i>please cir</i>	rcle)			
Oral	3		Written		



Facility Name: MercyHealth and Medical Center – Hospital

1.	IDENTIFICATION Name (Please Print) DACE NO SCO
	City HARUARD State II. Zip 60033
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)
	City of HARVARd
	,
III.	POSITION (please circle appropriate position)
	Support Oppose Neutral
IV.	Testimony (please circle)
	Oral

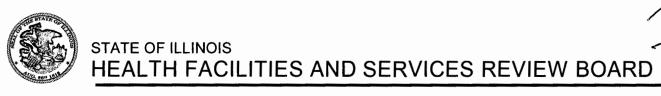


HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center - Hospital

Project Number: 17-002 I. **IDENTIFICATION** Name (Please Print) 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) III. POSITION (please circle appropriate position) Support Oppose Neutral IV. Testimony (please circle) Written Oral



Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002 I. **IDENTIFICATION** Name (Please Print) REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other II. entity.) Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) III. POSITION (please circle appropriate position) Support Oppose Neutral ١٧. Testimony (please circle) Oral Written



Support

Testimony (please circle)

IV.

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center - Hospital

I. IDENTIFICATION Name (Please Print) PATRICK CRAWEY

City MADISON State Jip 5371/

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)

MELCY HEALTH

III. POSITION (please circle appropriate position)

Oppose

Written

Neutral



HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center - Hospital Project Number: 17-002 **IDENTIFICATION** Name (Please Print) 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) III. POSITION (please circle appropriate position) Support Oppose Neutral IV. Testimony (please circle) Written

Facility Name: MercyHealth and Medical Center – Hospital

1.	IDENTIFICATION Name (Please Print)	helton	Kay	
	City COCKA	State	zip 6(/	01
II.	entity.)		earing on behalf of any group, organization	
III.	POSITION (please circle appro	priate position)		
	Support	Oppose	Neutral	
IV.	Testimony (please circle)			
	Oral	Written		





Facility Name: MercyHealth and Medical Center – Hospital

Name (Please Print)	ASMIN HUS.	SATOV	
660 PROVI	ASMIN HUS. DENCE LANE LLAKE State	//	60012
City	/_ CARE State	//ZIP	00012
REPRESENTATION (This se entity.)	ction is to be filled if the witness is appo	earing on behalf of any group, organ	nization or other
Entity, Organization, etc	. represented in this appeara	ince (i.e., ABC Concerned	Citizens for
Health Care)	ERCY HEALTA	4	
) ()	(FILTILITY		
POSITION (planes circle	appropriate position		
POSITION (please circle	appropriate position)		
POSITION (please circle	appropriate position) Oppose	Neutral	
		Neutral	
	Oppose	Neutral	
Support	Oppose	Neutral	



Facility Name: MercyHealth and Medical Center – Hospital

1.	Name (Please Print) Bujania 5 huch
	Name (Please Print) Benjamin 5 heck City Crystal Larke State II Zip
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) The left of the witness is appearing on behalf of any group, organization or other entity.)
111.	POSITION (please circle appropriate position)
	Oppose Neutral
IV.	Testimony (please circle)
	Oral



HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center - Hospital **Project Number: 17-002** ١. IDENTIFICATION -Name (Please Print) 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 111. POSITION (please circle appropriate position) Oppose Support Neutral IV. Testimony (please circle) Oral Written





Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

IDENTIFICATION Name (Please Print)	DOUG HAWTHORNE	· · · · · · · · · · · · · · · · · · ·
City HARVAKO	State 1C	Zip <u>60033</u>
REPRESENTATION (This s	ection is to be filled if the witness is appearing on b	pehalf of any group, organization or oth
Entity, Organization, et Health Care)	c. represented in this appearance (i.e	e., ABC Concerned Citizens fo
MERCY		
POSITION (please circle	appropriate position)	
Support	Oppose	Neutral
Testimony (please circle)	
Oral	Written	



STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Proiect I	Number: 17-002			
1.	P.	Son M. Br	ederlan L	1 MD
II.	REPRESENTATION (This section entity.) Entity, Organization, etc. research Care)			
III.	POSITION (please circle app	propriate position) Oppose	Neutral	
IV.	Testimony (please circle) Oral	Written		



HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

ojec	t Number: 17-002	1	1 - 1) - 1	
I.	IDENTIFICATION 4	James 1	Ja Weaj	
	Name (Plegse Print)	ASMIN HO	SSHIN	
	Kockford	11		
	City GRYSTAT	ZState	Zip	
II.	REPRESENTATION (This socti	ion is to be filled if the witness is a	pearing on behalf of any group, organiza	tion or other
".	entity.)	on is to be jilled if the withess is up	pearing on benaij oj any group, organiza	tion or other
	• •	represented in this appea	rance (i.e., ABC Concerned Cit	izens for
	Health Care) 人 』	\mathcal{L}_{α}		
	/\	ry New 11		
III.	POSITION (please circle ap	opropriate position)		
	Support	Oppose	Neutral	
	(34,473	oppost.	1104014	
IV.	Testim ony (please circle)			
	○ Oral /	Written		



Project N	Number: 17-002			
I.	IDENTIFICATION Name (Please Print) City	Laura A	igesen Zip	6003
11.	REPRESENTATION (This section entity.) Entity, Organization, etc. re Health Care)	presented in this appear		ed Citizens for
III.	POSITION (please circle app	oropriate position) Oppose	Neutral	
IV.	Testimony (please circle)	Oppose	Neutrai	
	Oral	Written		





HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center - Hospital

Project Number: 17-002 I. **IDENTIFICATION** Name (Please Print) Susan GAVIE Lake State IL Zip 6001 REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other II. Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) POSITION (please circle appropriate position) III. Support Oppose Neutral IV. Testimony (please circle) Oral Written



HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

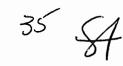
Facility Name: MercyHealth and Medical Center - Hospital

Project Number: 17-002 ١. **IDENTIFICATION** Name (Please Print) Kelly Howard

City Crystal Lake State IL 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) III. POSITION (please circle appropriate position) Support Oppose Neutral Testimony (please circle) IV. Oral Written

Facility Name: MercyHealth and Medical Center - Hospital

I.	IDENTIFICATION	((_	
	Name (<i>Please Print</i>)()	anglas Her	ening /	ND
	_			
	City C.C.	State	IL	Zip 6-18
	,			
11.	REPRESENTATION (This section	on is to be filled if the witness is	annearing on hehalf	of any group, organization or other
	entity.)	on is to be jined if the withess is	appearing on benan	of any group, organization or other
	·	anracantad in this anno	aranco (i.a. AB	C Cancarnad Citizans for
	Entity, Organization, etc. r	epresenteu in tilis appe	earance (i.e., Ab	c concerned citizens for
	Health Care)	111		
	_ Read I	ealth		
111.	POSITION (please circle ap	propriate position)		
		pp,		
	Support	Oppose	Neu	tral
	Зарроге	Оррозе	Neu	uai
	Taction and dames sinds \			
IV.	Testimony (please circle)			
	Oral	Written		





Project Number: 17-002

STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

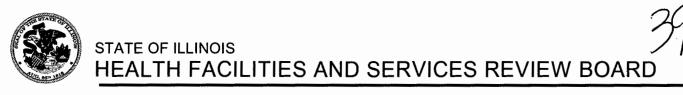
Public Hearing Testimony Registration Form

I.	I. IDENTIFICATION Name (Please Print) JOSEPH & Fojt.	K MD FACP CCE
	City MeHenry State	Zip 60050
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any gentity.) Entity, Organization, etc. represented in this appearance (i.e., ABC Content of the witness is appearance (i.e., ABC Cont	ncerned Citizens for
III.	III. POSITION (please circle appropriate position)	
	Support Oppose Neutral	
IV.	V. Testimony (please circle) Oral Written	



Facility Name: MercyHealth and Medical Center – Hospital

IDENTIFICATION Name (Please Print)	eremy Stei-	7	
City Mc Henry	State I	1	zip <u>60050</u>
REPRESENTATION (This section entity.)	ion is to be filled if the witness is a	opearing on behalf of any gro	oup, organization or other
Entity, Organization, etc. Health Care)	represented in this appea	rance (i.e., ABC Cond	erned Citizens for
POSITION (please circle a		Newsork	
Support Testimony (please circle)	Oppose	Neutral	
Oral	Written		



Facility Name: MercyHealth and Medical Center - Hospital

Public Hearing Testimony Registration Form

Project Number: 17-002 Name (Please Print) Sue Schriebe

City Rockford State It zip 61114 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) may bealth III. POSITION (please circle appropriate position) Support Oppose Neutral IV. Testimony (please circle) Oral Written



STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

oject	Number: 17-002				
l.	IDENTIFICATION Name (Please Print)	dy Amo	ore.		
	Name (Please Print) Cinc	t State	Wı	Zip	53181
11.	REPRESENTATION (This section is to entity.) Entity, Organization, etc. represented the Health Care)				
	Centegra Healt	h System	n - Ma	nager	of Ems
111.	POSITION (please circle appro	priate position)			
	Support	Oppose	Ne	eutral	
IV.	Testimony (please circle)				
	Oral	Written			



Project Number: 17-002

STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

IDENTIFICATION Name (Please Print)	TOM JENS	SHAILESH VIR
City POCKFORD	Woods Tock State IL	zip 60098
REPRESENTATION (This section entity.)	n is to be filled if the witness is appeari	ng on behalf of any group, organization or other
Entity, Organization, etc. re Health Care)	epresented in this appearance	re (i.e., ABC Concerned Citizens for
WILLIAM	HAICH	
POSITION (please circle app	propriate position)	
Support	Oppose	Neutral
Testimony (please circle)	· ·	
Oral	Written	



HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Project	Number: 17-002
I.	Name (Please Print) RONALD ECK
	City Woods fock State IL Zip 60098
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) Bus. Rep. Carpenters Local 2087
	Servin Me Harry Co. Area.
	(Approx. 360 Members) Would love
	to have the work. \$30 xr. resident
111.	POSITION (please circle appropriate position)
	Support Oppose Neutral
IV.	Testimony (please circle)
<	<u>Oral</u> Written

Facility Name: MercyHealth and Medical Center – Hospital

1.	IDENTIFICATION Name (Please Print)	da Serafin	
	city Crystal Lake	State[zip_60014
и.	REPRESENTATION (This section is to be entity.)	ne filled if the witness is appearing or	n behalf of any group, organization or other
	Entity, Organization, etc. representation of the Health Care)	ented in this appearance (i	
	·		The Address and the Salt and S
III.	POSITION (please circle appropr	iate position)	
	Support	oppose)	Neutral
IV.	Testimony (please circle)		
	Oral	Written	



STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Project	Number: 17-002
1.	Name (Please Print) Catie Schmit
	City Crystal Lake State 1L Zip 60014
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)
	Centegra Health System Director of Emergency Service
III.	POSITION (please circle appropriate position)
	Support Oppose Neutral
IV.	Testimony (please circle)
1	Oral Written



Facility Name: MercyHealth and Medical Center – Hospital

1.	Name (Please Print)	h Yarbrous	4	
	Name (Please Print) Rut City Janesuille	State_W) T	zip 53545
II.	REPRESENTATION (This section is entity.) Entity, Organization, etc. represented the care) Mercy health			
III.	POSITION (please circle appro	opriate position)		
	Support	Oppose	Neutral	
IV.	Testimony (please circle)			
	Oral	Written		



STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

1.	Name (Please Print)	td Udy			
	city Janesville	State	WI	zip_ 5351	18
II.	REPRESENTATION (This section is the entity.) Entity, Organization, etc. represented the Health Care)				
III.	POSITION (please circle appro	priate position)			
	Support	Oppose	Ne	utral	
IV.	Testimony (please circle)				
	Oral	Written			





HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center - Hospital

Project Number: 17-002 Oity Marens State IL I. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other II. entity.) Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) III. POSITION (please circle appropriate position) Support Oppose Neutral IV. Testimony (please circle) Oral Written





Project Number: 17-002

STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

I.	IDENTIFICATION Name (Please Print)	arole &	Strom	
	city Chronel Cake	State	11	_zip_60014
II.	REPRESENTATION (This section is entity.) Entity, Organization, etc. rep Health Care) Mexchlo			
III.	POSITION (please circle appr	opriate position)		
	Support	Oppose	Neutral	
IV.	Testimony (please circle)			
	Oral	Written		



Project N	Number: 17-002
l.	Name (Please Print) DIRK Enger City Winter eld State IC zip 60190
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
Rosi	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) Liver Lorentz Lorentz Local #393
V	McHenry Bld Trades member
III.	POSITION (please circle appropriate position)
	Support Oppose Neutral
IV.	Testimony (please circle)
(Oral Written



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STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility I	Name: MercyHealth and	d Medical Center	– Hospital	
Project	Number: 17-002			
I.	IDENTIFICATION Name (Please Print) City A19019UIA	obest State_I	Paddock Zip 60102	-
II.	entity.) Entity, Organization, etc. repr		rance (i.e., ABC Concerned Citizens for	
III.	POSITION (please circle appro	opriate position)		
	Support	Oppose	Neutral	
IV.	Testimony (please circle) Oral	Written		





Project I	Number: 17-002
l.	Name (Please Print) TWES a Hollinger
	City Byron State Zip 41010
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)
	Support of Muchalta Prycets
III.	POSITION (please circle appropriate position)
	Support Oppose Neutral
IV.	Testimony (please circle)
	Written
	\bigcup



oject i	Number: 17-002		
I.	IDENTIFICATION Name (Please Print)	arol Lucas	
	city Harvard	State TL	zip (60033)
II.	REPRESENTATION (This section is entity.)	is to be filled if the witness is appearing on b	ehalf of any group, organization or other
	Entity, Organization, etc. rep	presented in this appearance (i.e	., ABC Concerned Citizens for
	Health Care) Morcy	Health Darvard	
	0		
III.	POSITION (please circle appr	ropriate position)	
	Support	Oppose	Neutral
IV.	Testimony (please circle)		
	Oral	Written	



STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Project	Number: 17-002			
I.	IDENTIFICATION Name (Please Print)	1 elissa	Ryan	
	city WWdstock	State	IL	zip
II.	REPRESENTATION (This section is entity.)			
	Entity, Organization, etc. rep		ppearance (i.e., ABC Co	oncerned Citizens for
III.	POSITION (please circle appl	ropriate position)		
	Support	Oppose	Neutral	
IV.	Testimony (please circle)			
	Oral	Written		



Project Number: 17-002

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HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

IDENTIFIC	CATION	.					
Name (Pl	ease Print)	$\sum_{i} I $	<i>guc</i>	ernau			
City	Pelavan		State	WI		Zip	53115
	NTATION (This section	on is to be fille	ed if the witne	ss is appearing	on behalf of any	group, or	ganization or other
entity.)			مانسيالم		li a ADC C		d Cikinama fam
Health Ca	ganization, etc. re	epresente	ed in this a	ppearance	(i.e., ABC Co	oncerne	a Citizens for
ricariii ce	Mercy	health					
POSITION	l (please circle ap	nronriate	nosition				
1 0311101	(picase circle ap)	ριοριίατε	position				
Suppe	ort		Oppose		Neutral		
Testimon	y (please circle)						
A							
(Oral	4	((Written				
×	1 X						



HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Project N	Number: 17-002
l.	Name (Please Print) Sarrett Terps tra City Rockford State 1 Zip 6/1/14
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)
	of marcy her the expension and brits in Crystal Labo
III.	POSITION (please circle appropriate position)
	Support Oppose Neutral
IV.	Testimony (please circle)
	Oral Written

Facility Name: MercyHealth and Medical Center – Hospital
Project Number: 17-002

ojeci.	101110011 27 002						
I.	IDENTIFICATION Name (Please Print)	end	ra k) i Shli	ing		
	city Wonderla	4	State	IL		Zip	60097
II.	REPRESENTATION (This section is entity.)	is to be fille	d if the witness	is appearing on	behalf of any g	group, org	ganization or other
	Entity, Organization, etc. rep Health Care)	resente んしい	d in this ap Hea	pearance (i. LHA	e., ABC Co	ncerne	d Citizens for
				-	·		
III.	POSITION (please circle appr	ropriate	position)				
	Support	(Oppose		Neutral		
IV.	Testimony (please circle)						
	Oral		Written				



STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Project N	Number: 17-002
I.	Name (Please Print) Tray Perkins City Harvard State TL. 7in 60033
	city Harvard State IL. zip 6003.3
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) Mercyhealth Harvard
	- THOROGINE WATER
III.	POSITION (please circle appropriate position)
	Support Oppose Neutral
IV.	Testimony (please circle)
	Oral



Project Number: 17-002

Oral

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

•	
l.	Name (Please Print) MAM ANN VIEWES
	City CARY State I/ Zip 600/3
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)
	Hospitals inthe aven are not a
	few minutes away - 10 mtes = 30 mon. in
	many many cases - Rt 14-31-Randell
111.	POSITION (please circle appropriate position) Support Oppose Neutral Most of the time
(Support Oppose Neutral most of the time
IV.	Testimony (please circle)

Written





Project Numbe	r: 17-002
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1.	IDENTIFICATION Name (Please Print)	SHAILESH VIR	ANI
	city WOODSTO	ock state 70	zip_60098
II.	entity.) Entity, Organization, etc.		ring on behalf of any group, organization or other acce (i.e., ABC Concerned Citizens for
	Health Care) MERCY M	LEALTH SYSTI	EM
III.	POSITION (please circle o	appropriate position)	
(Support	Oppose	Neutral
IV.	Testimony (please circle)		
	Oral	Written	



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Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center - Hospital

Project Number: 17-002 ١. IDENTIFICATION Name (Please Print) Service White White 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) III. POSITION (please circle appropriate position) Oppose Neutral IV. Testimony (please circle) Written





Project Number: 17-002

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

l.	IDENTIFICATION Name (Please Print)	PERE	Olson	۵	
	city_Voro_	St	ate	Zip_	60073
II.	REPRESENTATION (This section entity.)	on is to be filled if th	e witness is appearing on	behalf of any group, o	organization or other
	Entity, Organization, etc. r. Health Care)	represented in	this appearance (i.	e., ABC Concern	ed Citizens for
III.	POSITION (please circle ap	opropriate posi	tion)		
	Support	Орре	ose	Neutral	
IV.	Testimony (please circle)				
	(Oral	Writ	ten		



Facility Name: MercyHealth and Medical Center - Hospital Project Number: 17-002 ١. **IDENTIFICATION** Name (Please Print) 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) 111. POSITION (please circle appropriate position) Support Oppose Neutral IV. Testimony (please circle) Written



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HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center - Hospital Project Number: 17-002 1. **IDENTIFICATION** Name (Rlease Print) State II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) 111. POSITION (please circle appropriate position) Support Oppose Neutral IV. Testimony (please circle) Oral Written



Facility Name: MercyHealth and Medical Center - Hospital Project Number: 17-002 1. **IDENTIFICATION** Name (Please Print) REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other II. entity.) Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) III. POSYTION (please circle appropriate position) Support Oppose Neutral IV. Testimony (please circle)

Written

Oral



STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Project I	Number: 17-002			
l.	IDENTIFICATION Name (Please Print)	mel la	n Day Hen	ve l
	city Tanac V	, / State	WI	zip <u>53545</u>
II.	REPRESENTATION (This section entity.) Entity, Organization, etc. re Health Care)			
	Megay	Halth	OFF	
III.	POSITION (please circle app	propriate position)		
	Support	Oppose	Neutral	
IV.	Testimony (please circle)			
(Oral	Written		