

HB 5184 Bill #

BILL OR RESOLUTION NUMBER

Veterans' Affairs Committee Committee

Wednesday, April 6, 2022 11:00 AM

Date time of hearing

Other (Subject Matter):

Unavailable

I. IDENTIFICATION

All fields are required unless noted as optional.

Name: **Your Name**

Address: **Your Address**

City: **Your Town** State: IL Zip: **Your Zip Code**

Firm/Business Or Agency: **Organization & TOWN Example "VFW Mount Prospect" if N/A Self**

Title: **Miss Mr Ms Mrs**

Email: **Your Email**
(A confirmation email will be sent if email address is provided.)

Phone: **### - ### - ####**

Fax (Optional):

II. REPRESENTATION

This section is to be filled if the witness is appearing on behalf of a group, organization or other entity.

Persons, groups firms represented in this appearance:

SELF this is preferred unless you represent the department or above

III. POSITION

Select your position(s) on the legislative items.

Description: SCA 1 **Click** Proponent Opponent No Position On Merits

Proponent unless we ask you to Oppose a bill

IV. TESTIMONY

Select the testimony types that you will supply for the hearing. (Check all that apply)

Oral Written Statement Filed **Click** Record Of Appearance Only

Please Agree to the Terms Of Agreement

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