

**Testimony to Michigan Dental Hygienists Association  
Annual Meeting of the House of Delegates**

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**Resolution Committee \_\_\_\_\_**

**PR PBY # \_\_\_\_\_**

**Component \_\_\_\_\_**

**My Name:** \_\_\_\_\_, and this testimony is provided on behalf  
of the \_\_\_\_\_

**Hotel Room # \_\_\_\_\_ Not attending \_\_\_\_\_**

We **support** or **oppose** this PR or PBY and recommend the following  
**amendments** be made:

**Comments/Justification:**

**Signature:**