



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 63</b>		DATE: <b>2/1/2021</b>	
COMMITTEE: <b>General Laws</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>JORGEN SCHLEMEIER</b>		PHONE NUMBER: <b>573-634-4876</b>	
REPRESENTING: <b>MISSOURI COLLEGE OF EMERGENCY PHYSICIANS</b>		TITLE:	
ADDRESS: <b>213 EAST CAPITOL AVENUE</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65101</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/1/2021 12:00 AM</b>	
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>JUSTIN ALFERMAN</b>		PHONE NUMBER: <b>636-667-1093</b>	
REPRESENTING: <b>SSM HEALTH</b>		TITLE:	
ADDRESS: <b>10101 WOODFIELD</b>			
CITY: <b>ST. LOUIS</b>		STATE: <b>MO</b>	ZIP: <b>63132</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/1/2021 12:00 AM</b>	
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