

HOUSE INSURANCE AND PENSIONS COMMITTEE

TESTIMONY RULES

1 electronic copy of testimony submitted to: H.Insurance@house.ks.gov

- Send it as a pdf (**Do not** scan cover letter)
- Name it Date (01.12.18), Subject (HB2000), Last name (Smith)
(Example: 1.12.18 HB 2000 Smith)

30 hard copies - no later than 24 hours before the hearing

- 1 (just one) cover sheet on stack of testimonies
- Check boxes – Proponent, opponent or neutral and oral or written only
- 20 for committee members & staff
- 10 for audience

Thank you, I am looking forward to working with you this session.

Carol Robertson, Committee Assistant

274-W

785-296-7676

ckrobertson@house.ks.gov

COMMITTEE TESTIMONY COVER LETTER

Please use this as a cover letter when submitting testimony.

BILL #:

Date of Testimony:

Name of person testifying:

Agency Represented:

Phone Number:

Email:

PLEASE CHECK ONE:

- Proponent _____
- Neutral _____
- Opponent _____

PLEASE CHECK ONE:

- Speaking & written Testimony _____
- Written only Testimony _____