

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Tuesday, June 02, 2020

Name: Ross Weber

Organization (If Applicable): AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS

Position/title: STATE AFFAIRS MANAGER

Address: 1100 E WOODFIELD ROAD, STE 350

City: SCHAUMBURG State: IL Zip: 60173

Telephone: 312-714-0288

Email: ROSS.WEBER@NAYLOR.COM

Are You Representing: Yourself

Organization X

Do You Wish to Testify On:

- Legislation (bill number): H. B. No. 469
- Specific issue:
- Subject matter:

Are You Testifying as a:

- Proponent: X
- Opponent:
- Interested Party:

Do you have a written statement, visual aids, or other material to distribute?

Yes No

(If yes, please provide copies to the Chairman or Committee Clerk)

How much time will your testimony require?

- *Committee Chair may limit testimony in the interest of time*