

## Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Monday, March 07, 2022

Name: Christopher Brown

Organization (If Applicable):

Position/title: Physician

Address: 4449 Easton Way

City: Columbus State: OH Zip: 43219

Telephone: 614-245-3313

Email: inovatenow@gmail.com

Are You Representing: Yourself ☒ Organization ☐

Do You Wish to Testify On:

- Legislation (bill number): H. B. No. 508
- Specific issue:
- Subject matter:

Are You Testifying as a:

- Proponent: ☒
- 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? 7 Minutes

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