

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Monday, March 20, 2023

Name: Michael Emery

Organization (If Applicable): Cleveland Clinic

Position/title: Co-Director, Sports Cardiology Center

Address: 9500 Euclid Ave, Desk J2-4

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Are You Representing: Yourself

Organization X

Do You Wish to Testify On:

- Legislation (bill number): H. B. No. 47
- 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 X 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*