Filling Out A Witness Slip

**I. IDENTIFICATION**
- Name
- Address
- City
- State
- Zip
- Firm/Business Or Agency
- Title
- Email
- Phone
- Fax (Optional)

**Your Name**
**Your Address**
**Self**
**Self**
**Your Email**
**Your Phone Number**

**II. REPRESENTATION**
- This section is to be filled if the witness is appearing on behalf of a group, organization or other entity.
- Persons, groups firms represented in this appearance:

**Self**

**III. POSITION**
- Select your position(s) on the legislative items.
- Description: Original Bill
- Proponent
- Opponent
- No Position On Merits

**Pick One**

**IV. TESTIMONY**
- Select the testimony types that you will supply for the hearing. (Check all that apply)
- Oral
- Written Statement Filed
- Record Of Appearance Only

**Please Agree to the Terms Of Agreement**
- [ ] I agree to the ILGA Terms of Agreement