

SENATE FINANCIAL INSTITUTIONS & INSURANCE COMMITTEE

CONFeree SUBMISSION FORM

PLEASE SUBMIT COMMITTEE TESTIMONY AT LEAST

24 HOURS PRIOR TO THE SCHEDULED MEETING

Bill # \_\_\_\_\_ Date of testimony \_\_\_\_\_

Print Contact Name (and/or Conferee/person who will be testifying):

\_\_\_\_\_  
\_\_\_\_\_

Print Conferee's email address ONLY if THEY REQUEST TO testify VIRTUALLY:

\_\_\_\_\_

Agency represented \_\_\_\_\_

Conferee/Contact Phone # \_\_\_\_\_

Please check type and category applicable:

Type: Oral Testimony (Speaking): \_\_\_\_\_ OR

Written Only (Not Speaking, only submitting written copy): \_\_\_\_\_

Category: Proponent: \_\_\_\_\_ Opponent: \_\_\_\_\_ Neutral: \_\_\_\_\_

**Please submit a PDF electronic file at or near the same time as you register your testimony, but no later than 12:00 pm the day before the hearing to: [Suzanne.Nelson@senate.ks.gov](mailto:Suzanne.Nelson@senate.ks.gov)**

Phone: 785-296-7367

Location: Room 235B-East in the Capitol