STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (*Please Print*) Mary Jane Manzke

City Orland Park State IL Zip 60462

Signature Mary Jane Manzke

II. REPRESENTATION (*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

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III. POSITION (*Circle appropriate position)*

Support Oppose Neutral

9/17/15

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (*Please Print*) COLEEN STOEFF

City MOKENA State IL Zip 60448

Signature Coleen Stoeff

II. REPRESENTATION (*This section is to be filled if the witness is appearing on behalf of any group, orgonization or other entity.*)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) SAVE PHFC

III. POSITION (*Circle appropriate position)*

Support Oppose Neutral

9/17/15

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (*Please Print*) Miko Manzke

City Orland Park State Il Zip 60467

Signature

II. REPRESENTATION (*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (*Circle appropriate position*)

Support Oppose Neutral

9/17/15

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (*Please Print*) Donna Nadelhoffer

City Palos Heights State IL Zip 60463

Signature Donna Nadelhoffer

II. REPRESENTATION (*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Palos Hospital

III. POSITION (*Circle appropriate position)*

Support Oppose Neutral

9/17/15

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (*Please Print*) ROBERTA CONCANNON

City TINLEY PARK State IL Zip 60487

Signature Roberta Concannon

II. REPRESENTATION (*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) Palos H+F C members

III. POSITION (*Circle appropriate position*)

Support Oppose Neutral

9/17/15

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (*Please Print*) Rosemary Wiseman

City O.P. State IL Zip 60462

Signature Rosemary Wiseman

II. REPRESENTATION (*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

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III. POSITION (*Circle appropriate position*)

Support Oppose Neutral

9/17/15

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (*Please Print*) IRMA BOBROFF

City Homer Glen State IL Zip 60491

Signature I Bobroff

II. REPRESENTATION (*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

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III. POSITION (*Circle appropriate position*)

Support Oppose Neutral

9/17/15

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (*Please Print*) ED LYONS

City ORLAND PK. State IL. Zip 60462

Signature [signature]

II. REPRESENTATION (*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (*Circle appropriate position*)

Support Oppose Neutral

9/17/15

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (*Please Print*) EILEEN DUHIG-LYONS

City ORLAND PK. State IL. Zip 60462

Signature Eileen Duhig-Lyons

II. REPRESENTATION (*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (*Circle appropriate position*)

(Support) Oppose Neutral

9/17/15

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (*Please Print*) CAROL JANKOWSKI

City Tinley PK State IL Zip 60477

Signature Carol M Jankowski

II. REPRESENTATION (*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (*Circle appropriate position*)

Support Oppose Neutral

9/17/15

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (*Please Print*) Robert S. Strnz

City Palos Hts State Il Zip 60462

Signature

II. REPRESENTATION (*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

City of Palos

III. POSITION (*Circle appropriate position*)

Support Oppose Neutral

9/17/15

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION
Name (*Please Print*) Kara Friedman

City Highland Park State IL Zip 60035

Signature Kara Friedman

II. REPRESENTATION (*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (*Circle appropriate position*)

Support Oppose Neutral

9/17/15

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (*Please Print*) LARRY HUNT

City ORLAND PARK State IL Zip

Signature

II. REPRESENTATION (*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

RESIDENT OF O.P.

III. POSITION (*Circle appropriate position*)

Support Oppose Neutral

9/17/15