STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION
Name (*Please Print*) Chris Vicik

City Mundelein State IL Zip 60060

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)

Advocate Good Shepherd

III. POSITION (*Circle appropriate position)*

Support Oppose Neutral

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION
Name (*Please Print*) Irene Steiner
City Hoffman Estates State IL Zip 60010

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)

Advocate

III. POSITION (*Circle appropriate position*)

Support Oppose Neutral

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) WILLIAM SHOAN

City WAUKONDA State IL Zip 60084

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)

Citizen

III. POSITION (*Circle appropriate position)*

Support Oppose Neutral

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION
Name (*Please Print*) Janet Terrane

City CL State IL Zip 60014

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) self

III. POSITION (*Circle appropriate position*)

Support Oppose Neutral

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION
Name (*Please Print*) Lisa Derer

City Cary State IL Zip 60013

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)

Self

III. POSITION (*Circle appropriate position*)

Support Oppose Neutral

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION
Name (*Please Print*) Hadley Streng

City Crystal Lake State IL Zip 60012

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)

Centegra Health System

III. POSITION (*Circle appropriate position)*

Support Oppose Neutral

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION
Name (*Please Print*) Kelli Coulter

City Crystal Lake State Illinois Zip 60014

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) Centegra Heath System
Crystal Lake Resident

III. POSITION (*Circle appropriate position)*

Support Oppose Neutral

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) SHORMIE ALI

City PALATINE State IL Zip 60074

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) Centegra Health System

III. POSITION (*Circle appropriate position*)

Support Oppose Neutral

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Michelle Green

City Crystal Lake State IL Zip 60012

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)

Centegra Health System

III. POSITION (*Circle appropriate position)*

Support Oppose Neutral

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION
Name (*Please Print*) AARON T. SHEPLEY

City CRYSTAL LAKE State ILLINOIS Zip 60014

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 CRYSTAL LAKE.

III. POSITION (*Circle appropriate position)*

Support Oppose Neutral

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION
Name (*Please Print*) DAN LAULER

City Chicago State IL Zip 60606

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) BARNES & THORNBURG, LLP
Counsel to Centegra Health System

III. POSITION (*Circle appropriate position*)

Support Oppose Neutral

2/21/17