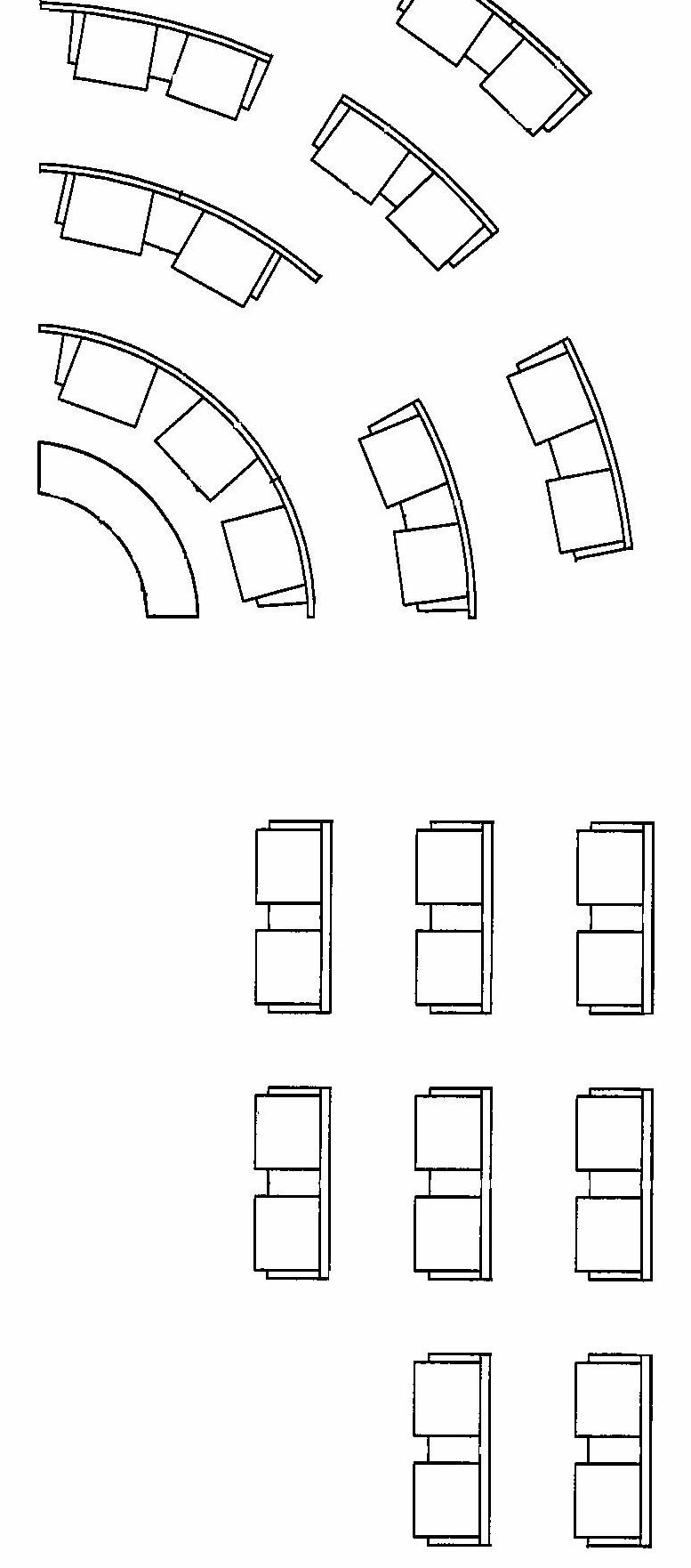
**COMMITTEE A - LEGISLATIVE ASSEMBLY CHAMBER ONLY   
DIVISION No. or Off budget:**

**Relevant Minister:**

**Hearing date/time block:**



The Minister

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Please ensure you have filled in all the details required at the top.   
Please also mark up where each advisor will be sitting, please write their full names.

**ASAP** return the completed form to [laestimates@parliament.wa.gov.au](mailto:laestimates@parliament.wa.gov.au)

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