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**SUBJECT:**

*(This section to be completed by the Agenda and Resolutions Committee.)*

Committee Action:

Committees required to review:

Approve

Disapprove


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**CONVENTION ACTION:**

Approved
                         
  Approved with Modification
                         
  Disapproved  
 Withdrawn
                         
  Referred to Committee \_\_\_\_\_

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**RESOLUTION:**

*(Refer to Article 901 for submission requirements.)*

Whereas,

; Therefore, Be It

Resolved,

; and, Be It Further

Resolved,

Effective:

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**PROPONENT'S FINANCIAL IMPACT:**

*(Refer to Article 901.2.e. for financial requirements.)*

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**AHA IMPACT STATEMENT:**

Contact Person:

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**SUBMITTED BY:**

Name: \_\_\_\_\_ Region: \_\_\_\_\_

Member Organization     Committee     Commission     Board     Region *(check one ☒)*

Who voted:             Members     Board     Delegates            *(check voting body)*

Total Number Eligible to Vote:            Number of Yes votes:            Number of No votes:

How vote was taken:  mail     email     phone     meeting *(check one)* *(Must have Quorum with majority of yes votes)*

Where documentation of this vote is recorded:            *(Must have printed documentation on file)*

Date vote taken:

Contact Person:            *(Has authority to amend, combine or withdraw)*

Phone:                            Email:                            Fax: