**SUBJECT:**

*(STANDARD)*

Refer to Chapter 9, RULE 101 for submission requirements

Committee Action:

Committees required to review: *(****This section to be completed by the Agenda & Resolutions Committee****)* Approve Disapprove

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CONVENTION ACTION:

\_\_\_\_\_\_\_Approved \_\_\_\_\_\_\_Approved with Modification \_\_\_\_\_\_\_Disapproved

\_\_\_\_\_\_\_Withdrawn \_\_\_\_\_\_\_Referred to Committee\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROPOSED CHANGE: (***Check one***) \_\_\_\_ Add new rule \_\_\_\_ Delete existing rule \_\_\_\_ Change existing text

Indicate affected Article/Rule number (AHA/USEF/EC)

RESOLUTION: Use ***bold/italic*** for new wording, ~~strikethrough~~ to indicate deletion

Whereas,

Resolved,

Effective:

(If a Standard resolution, the effective date will be December 31 of the year after the Convention)

RESOLUTION TYPE (**REQUIRED**): Standard \_\_\_\_\_ \_\_\_\_\_ Extraordinary \_\_\_\_\_\_\_\_\_\_ “If indicated as “Extraordinary”, the proponent must list reasons which establish Chapter 9, RULE 101.3.a. has been met)

PROPONENTS FINANCIAL IMPACT (**REQUIRED**): Refer to Chapter 9, RULE 102.1.e. for financial requirements

AHA IMPACT STATEMENT:

Contact Person:

SUBMITTED BY: Region Number:

# ❑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: