 **RESOLUTION**

AMENDMENT FORM

# STEP 1 — READ INSTRUCTIONS

* A completed form is ***preferred*** to make an amendment. **Submit form to** **mblack@mafp.com** **or hand in at the registration desk.**

# STEP 2 – COMPLETE THE FOLLOWING:

Your name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your cell phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your city:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Resolution No.

\_\_ **ADDITION *(In addition to current resolution)***

\_\_ **DELETION *(Removes current wording)***

\_\_ **SUBSTITUTION *(Replaces current wording altogether)***

\_\_ **STRIKING OUT** and **INSERTING**

# STEP 4 — PLEASE INSERT YOUR RESOLUTION AMENDMENT BELOW. DOCUMENT YOUR SUGGESTED CHANGES TO THE RESOLUTION USING THE “TRACK CHANGES” FEATURE IN MICROSOFT WORD.

***Example:*** RESOLVED, That the American Academy of Family Physicians support insurance coverage of acupuncture for pain control when ordered by a licensed physician or licensed collaborating advanced clinician on their practice team.

**Insert Suggested Amendment Below:**

**STEP 5 — PLEASE USE THE INFORMATION BELOW WHEN SPEAKING TO THE RESOLUTION:**

State your name

I am offering an amendment on Resolution #: