 **RESOLUTION**

AMENDMENT FORM

# STEP 1 — READ INSTRUCTIONS

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

# STEP 2 – COMPLETE THE FOLLOWING:

Full Name:

Cell Number:

Resolution Number:

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

\_\_ DELETION (Removes current wording)

\_\_ SUBSTITUTION (Replaces current wording together)

\_\_ STRIKING OUT and INSERTING

# STEP 3 — PLEASE INSERT YOUR RESOLUTION AMENDMENT BELOW. DOCUMENT YOUR SUGGESTED CHANGES TO THE RESOLUTION.

***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 4 — USE THE INFORMATION BELOW WHEN SPEAKING TO THE RESOLUTION:**

State Your Name:

I am offering an amendment on Resolution Number: