

MID-ATLANTIC REGION OF N.A.

MOTION SUBMITTING FORM

MOTION: _____

INTENT: _____

SUBMITTED BY: _____ **POSITION:** _____

SECONDED BY: _____ **POSITION:** _____

RESULT: ____ PASSED ____ FAILED ____ AMENDED ____ TABLED ____ WITHDRAWN

VOTE: ____ YEA ____ NEY ____ ABSTENTIONS

*All motions affecting Regional Policy should be submitted to the Regional Policy Chairperson prior to being submitted to be checked for wording problems which may be misinterpreted in the future.