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**HOUSE OF DELEGATES**

**Resolution Submission Form**

**PROPOSED RESOLUTION**

***To be submitted no later than July 5, 2019 to be considered without a 2/3 vote of the House***

***Submit form to hod@mndental.org or fax to 612-767-8500***

*Please type or print*

[ ]  New Resolution [ ]  Substitution Resolution [ ]  Withdrawal of Resolution

*(Resolution#*  *If substituting for or withdrawing a previously submitted resolution)*

SUBJECT:

BACKGROUND:

RESOLVED That:

*Submitted by: (Select one)*

[ ]  District (e.g. West Central)

[ ]  Committee (e.g. Legislative)

[ ]  Delegate/Alternate (e.g. Dr. James Smith)

[ ]  BOT

Name Signature Date

Click here to enter text. Click here to enter text.

Email address Phone

**OFFICE USE ONLY**

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Date Received Executive Director (Signature)

Resolution # Received by