

PENNSYLVANIA ASSOCIATION OF PERIANESTHESIA NURSES



Motion Form

The person making a motion will complete this form when there has been an action on a motion. It will be given to the secretary. The information will be used as a reference for the secretary when transcribing the minutes of the Board of Directors Meeting.

Date of Meeting: _____

Person Making the Motion: _____

Second by: _____

MOTION:

REVISION:

Second by: _____

Action:

- Passed
- Failed
- Returned to Committee for Revisions
- Tabled Until _____
- Other

Comments: