

PENNSYLVANIA ASSOCIATION OF PERIANESTHESIA NURSES



Agenda Item for Board of Directors Meeting

Submission Date: _____ Board of Directors Meeting Date: _____

Item Topic: _____ () For BOD Discussion
() For BOD Action

Submitted by: _____

Description of Agenda Item: _____

Motion or Requested Board Action: _____

Advantages (Include cost(s): _____

Disadvantages (Include cost(s): _____

Board Action Taken: _____

