ASPRS REPORT FORM

1. Report Category and Sub-category *(Select as appropriate)*:

2. Report Type *(check one)*:
   Reporting/Updating of Activities
   Recommending Action
   Recommending Policy Change

   If recommending action or policy change:
   Is recommendation result of a meeting?   Yes   No
   If yes, was a quorum present?   Yes   No

   Recorded vote on recommendation: For   Against   Abstentions
   Date of meeting:

3. Title of issue/area reporting *(example: Proposal for Affiliate Membership Category)*:

4. Brief background information and possible impact of issue/area *(examples: Why is it an issue? Will funding, staff utilization, services and/or facility changes be necessary? How much will it cost? What are projected revenues? Are there alternatives? Please be brief, but attachments may be submitted when necessary)*:

5. Specific recommendation for Executive Committee/Board of Directors action, if any *(state in the form of a motion(s) to be acted upon)*:

6. Report completed by:
   Name: Signature: _____
   Title: Date: