

**Arizona Dental Association
House of Delegates, September 21, 2019**

Resolution No. _____ New X Substitute Amendment
Report: _____ Date Submitted: _____
Submitted By: _____
Reference Committee: _____
Total Financial Implication: _____
 Amount One-time _____ Amount On-going \$ _____
ADA Strategic Plan Goal: _____ (Optional)

RESOLUTION HD-2019-?

TITLE

Background Statement:

DRAFT