

Name of PTA/PTSA Unit or Council

Form for Proposed Resolution or Platform Item

Deadline: November 1 (at the Iowa PTA office) PO Box 10634, Cedar Rapids, IA 52410

City		Zip	
Contact Person		Phone	
Resolution or Plat	form Item:		
Dationale (if Platf.	own Itom).		
Rationale (if Platfo	orm Item):		
	** Attach	additional pages if necessary **	
	** Attach	additional pages if necessary ** For Office Use	
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