

## PROXY

Spina Bifida & Hydrocephalus Association of Ontario  
16 Four Seasons Place, Suite 111, Toronto, Ontario M9B 6E5  
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**Please return Proxy Form no later than WEDNESDAY, September 20, 2017**

I/we, \_\_\_\_\_ member(s) in good standing of the Spina Bifida & Hydrocephalus Association of Ontario, do hereby appoint:

\_\_\_\_\_ to vote in my stead and to serve as my representative at the following meeting of the Association:

Meeting title: **Annual General Meeting**

Meeting date: **Saturday, September 23, 2017**

Meeting location: **Holland Bloorview Kids Rehabilitation Hospital, 150 Kilgour Road, Toronto, Ontario**

I authorize my proxy to vote on my behalf on all questions which legitimately come before the above-mentioned meeting except for the following:

This proxy right expires upon the adjournment of the above meeting.

Witness

*Member Granting Proxy*

Date:

Date:

Witness

*Member Granting Proxy*

Date:

Date:

Witness

*Member Granting Proxy*

Date:

Date:

## REGISTRATION FORM

2017 Annual General Meeting  
Saturday, September 23, 2017  
Holland Bloorview Kids Rehabilitation Hospital, 150 Kilgour Road, Toronto, Ontario

**Please return Registration Form by Friday, September 15, 2017**

Name(s) of Members Attending:

Name(s) of Guests: (i.e. children/family who are not members):

Total Number Attending:

I/We will be present for:  **AGM, lunch & awards presentation**