



**Proxy** Hydrocephalus Canada 2018 Annual General Meeting  
Saturday, Sept. 22, 2018

I/we, \_\_\_\_\_ member(s) in good standing of the Hydrocephalus Canada, 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 22, 2018**

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:

**Please return Proxy Form to the address below no later than Wednesday, September 19, 2018**

Hydrocephalus Canada | 16 Four Seasons Place, Suite 111, Toronto, ON M9B 6E5 | Fax 416-214-1446



## Registration Form

Hydrocephalus Canada 2018 Annual General Meeting  
**Saturday, September 22, 2018**

Holland Bloorview Kids Rehabilitation Hospital  
150 Kilgour Road, Toronto, ON

**Please return Registration Form before  
Wednesday, September 19, 2018**

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     Conference     Lunch and Awards Presentation