# PROXY

Hydrocephalus Canada
16 Four Seasons Place, Suite 111, Toronto, Ontario M9B 6E5
tel: 416-214-1056 1-800-387-1575 fax: 416-214-1446 email: info@hydrocephalus.ca

**Please return Proxy Form no later than THURSDAY, September 17, 2026**
**By email to info@hydrocephalus.ca**
**By fax to 416-214-1446**
**By mail to Hydrocephalus Canada, 16 Four Seasons Place, Suite 111, Toronto, ON M9B 6E5**

I/we,_____member(s) in good standing of Hydrocephalus Canada, do hereby appoint:

_____

to vote in my stead and to serve as my representative at the following meeting of the Organization:

Meeting title: **Annual General Meeting**

Meeting date: **Saturday, September 19, 2026**

Meeting location**: Virtual Zoom Meeting at 10:00 am EDT**

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*<br><br>Date: | *Member Granting Proxy*<br><br>Date: |
| *Witness*<br><br>Date: | *Member Granting Proxy*<br><br>Date: |
| *Witness*<br><br>Date: | *Member Granting Proxy*<br><br>Date: |