**

Annual General Meeting 2017 Participation Form**

**Members have four ways to participate in the CanadaGAP AGM:**

* Attend in person
* Attend by phone/web presentation
* Appoint a proxy to vote on your behalf during the AGM
* Don’t attend, but vote in advance on-line or by mailed-in voting ballot

**Indicate and provide details ONLY for your selected option below:**

**1. *IN-PERSON ATTENDANCE***

* I will attend the AGM in person in Ottawa on December 6:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact info (phone/email): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* I am the voting delegate for my company.

 \* A hotel reservation form can be found at: [www.canadagap.ca/events/annual-general-meeting](http://www.canadagap.ca/events/annual-general-meeting)

**2. *ATTENDANCE BY PHONE/WEB PRESENTATION***

* I will call into the AGM / view the web presentation:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact info (phone/email): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* I am the voting delegate for my company.

**3. *APPOINTMENT OF PROXY***

* I cannot attend the AGM, but appoint the following representative to participate and vote on my behalf: □ in person □ by phone/web presentation

Proxy’s Name and Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact info (phone/email): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**My** Name and Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature and Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Return this form by November 3, 2017 to the CanadaGAP office

Fax: 613-829-9379 ⬧ Email: info@canadagap.ca ⬧ Questions? Call 613-829-4711
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