

PROXY FOR VOTING AT THE BIST AGM

To: Brain Injury	Society of Toronto		
1. I am a register	ed BIST member (indicat	e your name):	
2. I appoint (indic	cate the name of your rep	oresentative):	
•	Proxy and to attend and d on Monday September	•	the BIST Annual General
	vote on my behalf in res d do if personally present	-	nat may come before the
Dated this	day of	at	
Signature	F	Print Name	
To ensure the BIS	ST Member Database is u	ıp-to-date, please fill	in the following
Name:			
Address:			
Tel. Number:			

Email: