



L'ASSOCIATION CANADIENNE DES MEDECINS ET CHIRURGIENS BARIATRIQUE
THE CANADIAN ASSOCIATION OF BARIATRIC PHYSICIANS AND SURGEONS

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CANADIAN ASSOCIATION OF BARIATRIC PHYSICIANS AND SURGEONS

INSTRUMENT OF PROXY

The undersigned member of the **Canadian Association of Bariatric Physicians and Surgeons (CABPS)**, hereby appoints **Dr. Laurent Biertho**, President, if present, or an alternative (named below) if present:

(please print)

as proxy of the undersigned, with power of substitution to attend, vote and act for, and on behalf of the undersigned at the Annual General Meeting of members of the **Canadian Association of Bariatric Physicians and Surgeons**, to be held at **7:30 a.m. ET** on the **20th day of May 2017** at the **Sheraton on the Falls Hotel**, 5875 Falls Avenue, Niagara Falls, Ontario including all adjournments thereof, in respect of all matters which may come before the meeting in the same manner at the undersigned could do if personally present there at, the undersigned hereby agreeing to ratify all which such proxy holder may lawfully do by virtue thereof.

DATED THIS _____ day of _____, 2017.

Signature of Member

Name of Member (please print)

NOTE: *Each member has the right to appoint a person who is a CABPS voting member to represent him or her at the meeting other than the person specified above. Such right may be exercised by striking out the name of the specified person and by inserting into the blank space provided the name of the person appointed.*

Please mail or fax your proxy
before **May 8, 2017** to:

Dr. Judy Shiau, Secretary
Canadian Association of Bariatric Physicians and Surgeons
2800 – 14th Avenue, Suite 210
Markham, Ontario L3R 0E4
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