

102-2934 Baseline Road Ottawa, ON, K2H 1B2

T: 613-233-5300 F: 613-233-5501 www.cala.ca

PROXY FORM CALA Inc.

35th Annual General Meeting on May 16th, 2024

Please direct all correspondence to laljouni@cala.ca

| A. CO | MPLETE THIS SECTION TO APPOIR | NT A PROXYHOLDER |
|-------|---|--|
| | I, <u>(please print full name)</u> of the Canadian Association for Labo | , being a member |
| | vote hereby appoint: | |
| | The Chair of the Meeting (mark with an X) | Write in the name of your proxy holder if this person is not the Chair of the meeting: |

as my proxy to act generally at the meeting on my behalf and to vote in accordance with the following directions (**or if no directions have been given**, **as the proxy sees fit**) at the Annual General Meeting of CALA to be held on *Thursday*, *May 16th*, *2024*, *at 8:30am (PST)*.

Please ensure completed proxy form is delivered no later than <u>Wednesday, May 15th at 4:00pm</u> (<u>PST</u>), by email to Lilliane Aljouni to <u>laljouni@cala.ca</u>

Duly signed proxies may be accepted in-person up until the start of the AGM.

(continued)



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B. COMPLETE THIS SECTION TO PROVIDE SPECIFIC VOTING INSTRUCTIONS

Please check "FOR", "AGAINST" or "ABSTAIN*" as applicable, for each of the following items.

| ITEM | | FOR | AGAINST | ABSTAIN |
|------|---|-----|---------|---------|
| Α | Approval of 2024 AGM Agenda | | | |
| В | Approval of Minutes of June 6 th , 2023, Annual General Meeting | | | |
| С | Appointment of Auditors for F/Y 2024 | | | |
| D | Approval of Motion of Responsibility Motion to hereby support the expenditures, actions and agreements undertaken by the Board of Directors and its officers and agents on behalf of the association, as reported to the membership. | | | |
| Е | Election of Directors Motion to ratify the slate of Directors, Elected and Appointed. | | | |
| F | Any other matters which may properly come before the AGM. | | | |

^{*} If you mark the "Abstain" box for any particular item, you are directing your proxy NOT to vote on your behalf on a show of hands and your votes will not be counted in computing the required majority on a vote.

| I acknowledge that this proxy w attendance at the meeting. | ill be acted upo | n unless revoked by me | in writing or by my | |
|--|------------------|------------------------|---------------------|--|
| DATED at | the | day of | , 2024. | |
| Name of Voting Member (ple | ease print) | CALA Member Number | | |
| Signature of Voting Me | mber | <u> </u> | | |
| | | | | |