

Australian Institute of Training and Development

Annual General Meeting 2018

Proxy Form

	(print name)	
	(print address)	
a financia	I member of the Australian Institute of	Training and Development,
	hereby appoint:	
	(name of proxy who will be attend	ing the AGM)
The Chairpe	rson	
as my pro	ky to vote on my behalf at the Annual G to be held on Thursday 22 Nover	_
my proxy to	vote	
☐ as my	proxy sees fit	
or		
□ as dire	cted hereunder	
)	(Member No)	(Date)

Please note this form is only valid if it is authorised by a financial member and received by AITD by close of business Wednesday 21 November 2018.

Forms may be lodged at, or posted to:

AITD, Suite 111, 410 Elizabeth Street, SURRY HILLS NSW 2010 or emailed to admin@aitd.com.au