



PROXY VOTE FORM

Option 1: Appoint a CACCN Board Officer as Proxy

I, _____, an active CACCN member in good standing and a registered nurse working in critical care in Canada, authorize Marley Gregorio, Vice President, or Nicole Duchrow, Treasurer/Director of the Board of Directors, to vote on my behalf.

OR

Option 2: Designate Another Voting Member as Proxy

I designate _____ a CACCN voting member in good standing, to assist, act, and vote on my behalf at the Annual General Meeting of the Members.

Meeting Date and Time: October 22, 2026, at 1600 hrs ET

Location: Via Zoom, including any adjournments of this meeting

Member Responsibility

If you appoint a voting member other than the Vice President or Treasurer/Director to cast your vote, you are responsible for confirming that the designated member agrees to act on your behalf and is able to do so in accordance with your request.

Submission Deadline

Completed proxy forms must be received by October 19, 2026, at 1600 hrs ET at caccn@caccn.ca. Forms received after the deadline will not be considered.

Member Information

Name: _____

Signature: _____

Date: _____