



THE MANITOBA ASSOCIATION OF CARDIOLOGY TECHNOLOGISTS, INC.

INCORPORATED 1963
#7 Killarney Avenue
PO Box 34087
Winnipeg, Manitoba,
R3T 3B0

TO VALIDATE THIS FORM OF PROXY, THE APPOINTING MEMBER MUST INSERT THE NAME OF THE PERSON(S) THAT HE/SHE WISHES TO REPRESENT HIM/HER AT THE ANNUAL AND/OR SPECIAL GENERAL MEETING OF MEMBERS OF THE MANITOBA ASSOCIATION OF CARDIOLOGY TECHNOLOGISTS, INC.

THE MANITOBA ASSOCIATION OF CARDIOLOGY TECHNOLOGISTS, INC.
FORM OF PROXY

The undersigned, being a certified member in good standing of the Manitoba Association of Cardiology Technologists, Inc., hereby revoking all proxies previously given, nominates, constitutes and appoints, hereby, _____ or failing him/her, _____ or failing him/her, _____ as Proxy of the undersigned to attend the Annual and/or Special General Meeting of Members of The Manitoba Association of Cardiology Technologists, Inc., to be held on Saturday, April 22nd, 2017 and any adjournment thereof and to vote and otherwise act thereat and on behalf and in the name of the undersigned in respect to all matters that may come before the meeting in the matter as the undersigned could do if personally present thereat, the undersigned hereby ratifying and confirming and agreeing to ratify and confirm what such Proxy may lawfully do by virtue thereof, providing that, without limiting the generality of the foregoing to other matters, the persons named above are specifically directed to vote as indicated below:

- 1. _____ FOR _____ AGAINST
(or if no specification is made, FOR) approval of the Annual Report of the Directors for the year ended December 31, 2016, together with the financial statement of the Manitoba Association of Cardiology Technologists, Inc., for the year ended December 31, 2016.
2. _____ FOR _____ AGAINST
(or if no specification is made, FOR) authorization of the Directors to fix the remuneration of the auditors for the ensuing fiscal year.

IF ANY AMENDMENTS OR VARIATIONS TO MATTERS IDENTIFIED IN THE NOTICE OF MEETING ARE PROPOSED AT THE MEETING, OR, IF ANY OTHER MATTERS PROPERLY COME BEFORE THE MEETING, THIS PROXY CONFERS DISCRETIONARY AUTHORITY TO VOTE ON SUCH AMENDMENTS OR VARIATIONS OR SUCH OTHER MATTERS ACCORDING TO THE BEST JUDGEMENT OF THE PERSON VOTING THE PROXY AT THE MEETING.

This proxy is solicited on behalf of the Board of Directors of The Manitoba Association of Cardiology Technologists, Inc.

DATED at _____ this _____ day of _____, 2017.

Name (Please Print)

MACT# CSCT#

Street Address (Please Print)

Signature of Certified Member
(PROXY APPOINTER)

City, Province (Please Print)

IF YOU CAN'T BE PRESENT IN PERSON TO VOTE AT THE ANNUAL AND/OR SPECIAL GENERAL MEETING OF MEMBERS, WOULD YOU PLEASE COMPLETE AND SIGN THIS FORM AND RETURN IT TO THE SECRETARY OF THE MANITOBA ASSOCIATION OF CARDIOLOGY TECHNOLOGISTS, INC., AS SOON AS POSSIBLE. EVERY MEMBER HAS THE RIGHT TO APPOINT THE PERSON OF HIS/HER CHOICE (WHO MUST BE A CERTIFIED MEMBER OF THE MANITOBA ASSOCIATION OF CARIDODOLOGY TECHNOLOGISTS, INC.) TO ATTEND AND ACT ON HIS/HER BEHALF AT THE ANNUAL AND/OR SPECIAL GENERAL MEETING.