



The South African Society for Periodontology

(A special group of the South African Dental Association)

PROXY FORM

ANNUAL GENERAL MEETING OF THE SOUTH AFRICAN
SOCIETY FOR PERIODONTOLOGY TO BE HELD AT:

TIME: 18h30 on Wednesday 28th of October 2009

VENUE: Room 6-13 at the Oral and Dental Hospital, School of
Dentistry, University of Pretoria, Dr. Savage Rd, Pretoria,

I, Dr/Prof _____ of _____
PRINT NAME TOWN/CITY

BEING A MEMBER OF THE SOUTH AFRICAN SOCIETY FOR
PERIODONTOLOGY – HEREBY APPOINT

Dr/Prof _____
PRINT NAME

Failing him/her

Dr/Prof _____
PRINT NAME

FAILING HIM/HER, THE CHAIRMAN OF THE MEETING AS MY
PROXY, TO VOTE ON MY BEHALF

SIGNED _____