NOTICE OF ANNUAL GENERAL MEETING

Thursday, May 19, 2016

Dear Members and Guests:

You are invited to attend the Annual General Meeting of the Canadian Institute of Quantity Surveyors – Maritimes Association to be held as follows:

Location: Ramada Plaza Dartmouth Park Place
240 Brownlow Avenue, Dartmouth, NS B3B 1X6

Date: Thursday, May 19, 2016
Time: Registration/Reception 6:00 pm
Annual General Meeting 7:00 pm
Conference Meeting Style Buffet (Soup/Sandwiches): 6:30-8:30 pm

The Board of Directors encourages your attendance and your comments on the aims and objectives of the Association.

Please complete and forward the attached registration form by return email and submit payment, by mail to the address below, no later than May 12, 2016
AGENDA

- 6:00-6:30 pm Registration - Reception
- 7:00 pm - Call to Order
  - Recognize Founding Members in Attendance
  - Recognize Honourary Life Members in Attendance
  - Recognize New Members in Attendance
- Reading Notice of Meeting
- Minutes of Annual General Meeting – June 4, 2015
- Business Arising from Minutes
- Director and Committee Reports
- New Business
- Election of Directors
- Adjournment of Business Session
**CIQS-Maritimes - AGM Registration Form**

**Must be submitted by May 12, 2016**

**(Confirmation of registration will be by email notification)**

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**Ramada Plaza Dartmouth Park Place**

(Date: Thursday, May 19, 2016)
(Time: Registration/Reception 6:00 pm)
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<td>$23.00 per person for AGM + HST + Buffet</td>
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*Payment is required in advance by cheque, payable to: CIQS-MARITIMES*

CIQS - Maritimes
PO Box 38131
Dartmouth, NS  B3B 1X2
Email: info@ciqs-maritimes.org
INSTRUMENT OF PROXY
for
CIQS - Maritimes Annual General Meeting
Thursday, May 19, 2016

I, the undersigned, hereby appoint a member in good standing of the Association, to act as my proxy in all matters arising at the CIQS - Maritimes Annual General Meeting to be held in Halifax, Nova Scotia, May 19, 2016.

Name of: CIQS – Maritimes Member: To Act As My Proxy:

______________________________________________________________

Dated this day of:

______________________________________________________________

Signature of Member: (or print name)

______________________________________________________________

Membership #

______________________________________________________________

Please complete and forward by return email, or mail to the address below.

All proxies must be received by May 12, 2016

CIQS - Maritimes
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