



**World Federation of Public Health Associations**  
**Fédération mondiale des associations de santé publique**  
**Federación Mundial de Asociaciones de Salud Pública**

## PROXY FORM

(To be used only in the event the association cannot be represented in Istanbul, Turkey)

I, \_\_\_\_\_ of the  
your name (please **PRINT**)

\_\_\_\_\_ hereby  
your association (please **PRINT**)

authorize \_\_\_\_\_  
name of member association (please **PRINT**)

to serve as my proxy for all matters to come before the 43<sup>rd</sup> Annual Meeting of the World Federation of Public Health Associations to be held on Sunday, 26 April, 2009 in Istanbul, Turkey.

Special instructions (Provide agenda item/subject, and specific voting instructions -if desired.)

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Signature

Date

Please return this form to Charlene Bright by email at [cbright@wfpha.org](mailto:cbright@wfpha.org) or  
by faxing it to +1.202.777.2533 NO LATER **19 MARCH 2009**