



THE HONG KONG ASSOCIATION OF SPEECH THERAPISTS  
香港言語治療師協會

GPO Box 372, Central, Hong Kong Tel : 8101 1830  
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23<sup>rd</sup> March, 2015

Dear Member,

**Invitation to HKAST Extraordinary General Meeting 2015**

On behalf of the Hong Kong Association of Speech Therapists, I am pleased to invite you to the **HKAST Extraordinary general meeting 2015** at **GH 615-616, The Hong Kong Polytechnic University** on **Monday April 13, 2015, at 7.00 pm - 9.00 pm**. The run-down will be as follows:

6.30-7.00 pm	Registration
7.00-9:00 pm	Extraordinary General Meeting
	Opening and notifications
	Approval of the agenda of EGM
	Approval of amendment to the constitutions of HKAST
	Approval of conversion to limited company
	Questions and conclusion
	Closing

Regards,

Joshua Lai (Mr.)  
Chairperson  
2014-2015 Board of Committee

**NOTE:**

Only Full Members who have paid the 2014/15 subscription fee shall be entitled to vote in the EGM or submit a proxy.



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TO: HKAST  
FAX: 3007 2590

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Please return this form by mail or by fax before **13<sup>th</sup> April 2015**

**HKAST Extraordinary General Meeting 2015**

**REPLY SLIP**

I \* will / will not be able to attend the EGM.

Name: Dr / Mr / Mrs / Ms\*  
Institution/ Unit: \_\_\_\_\_  
Tel: \_\_\_\_\_  
Email: \_\_\_\_\_

\*Please delete as appropriate

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**HKAST Extraordinary General Meeting 2015**

**PROXY FORM**

**NOTE:**

Only Full Members who have paid the 2014/15 subscription fee shall be entitled to submit a proxy, or act as a proxy. This proxy form should reach the HKAST before the start of the EGM on April 13, 2015. Incomplete forms will be void.

I, \_\_\_\_\_, shall not be attending the EGM of The Hong Kong Association of Speech Therapists to be held on April 13, 2015. I hereby appoint \* the current Chairperson of the Association/ HKAST member: \_\_\_\_\_ (Membership No.: \_\_\_\_\_)

to act as my proxy in the meeting.

As my proxy, he/ she will have full authority to act on my behalf to demand or join in demanding a poll and to vote on a poll at the EGM.

\*Please delete as appropriate

Member Name: Dr / Mr / Mrs / Ms\*  
Membership No.: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use: Valid Void Checked by \_\_\_\_\_ (Election Officer)