

KATS Network Advisory Council Proxy Designation Form

By means of this form, I authorize the person named below to vote on my behalf at the next scheduled Kentucky Assistive Technology Service (KATS) Network Advisory Council meeting and on matters announced before those meetings and/or included on the agendas for those meetings. This proxy designation is only valid for the next scheduled meeting (as determined by the date signed below). This proxy designation will expire at the conclusion of that meeting.

Council Member Name:

Entity Represented (if any):

Proxy Name:

Proxy Email Address:

Council Member Signature:

Date:

Please mail to:

KATS Network
Attn: KATS Network Coordinator
8412 Westport Rd.

OR save and email to:

AdvisoryCouncil@katsnet.org
Subject: Proxy Form