

HEARTLAND PARALEGAL ASSOCIATION

Annual Meeting, March 24, 2020

INSTRUCTIONS AND GENERAL INFORMATION

1. If you cannot attend HPA's Annual Meeting on March 24, 2020, you may designate two HPA voting members to cast your proxy vote during the meeting. One HPA member will serve as your first proxy holder and the second member will serve as your alternate proxy holder. The alternate is a back-up to protect your vote in the event your first proxy holder must cancel at the last minute or leave the meeting prior to the discussion and voting. Any voting member in good standing may hold your proxy with the exception of the HPA President. Be certain to confirm the membership status of the individuals you choose to represent you in your absence, as well as their availability and willingness to serve.
2. Be sure your named proxy holder and alternate proxy holder plan to attend the March 24, 2020 meeting. If your proxy holder and alternate proxy holder are unable to be present for the entire voting process, your votes will not be accepted, as no other person can hold your proxy.
3. Please return your DESIGNATION OF PROXY AND ALTERNATE PROXY form to Lauren Walker, Secretary, to be duly recorded no later than seven days before the meeting (March 16, 2020), as required by our Bylaws. No proxy or alternate proxy holder may be designated after March 16, 2020. No exceptions will be made.
4. Remember to instruct your proxy holders how you wish your vote to be cast. This is YOUR vote, YOUR choice. Results will be announced at the conclusion of the voting process on March 24, 2020 as well as in HPA Headnotes published following the election.

DESIGNATION OF PROXY AND ALTERNATE PROXY

I, _____, a voting member of HPA, hereby appoint HPA voting member _____ to serve as my proxy holder at the HPA regular meeting on March 24, 2020. In the event my named proxy holder is unable to hold my proxy, I hereby appoint HPA voting member _____ to serve as my alternate proxy holder at said meeting.

_____	_____	_____
Date	Your Signature	Print Legibly or Type your Name
_____	_____	_____
Street Address	City, State, Zip Code	
_____	_____	_____
Email Address	Telephone Number	

SEND PROXY DESIGNATION BY EMAIL TO lauren.sandefur.ls@gmail.com NO LATER THAN MARCH 16, 2020. This completed form is MANDATORY for proxy voting. Thank you.