

**POWER OF ATTORNEY**

**on behalf of person**

\_\_\_\_\_ 2019  
(city)

I, \_\_\_\_\_,  
(full name of the principal)

passport number \_\_\_\_\_, date of birth \_\_\_\_\_,

telephone number \_\_\_\_\_, hereby authorize \_\_\_\_\_

\_\_\_\_\_  
(full name of the authorized person)

passport number \_\_\_\_\_, telephone number \_\_\_\_\_

to collect **my participant accreditation badge** from the SPIEF 2019 accreditation point.

Power of attorney granted until \_\_\_\_\_ 2019.

Principal signature \_\_\_\_\_ / \_\_\_\_\_  
(full name of the principal)

Authorized person signature \_\_\_\_\_ / \_\_\_\_\_  
(full name of the authorized person)