

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 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)