## POWER OF ATTORNEY

## on behalf of legal entity

	20_
(city)	
(full name of the principal orga	anization, indicating the type of business entity)
s represented by	
(job title and	d full name of the principal)
acting on the basis of	
(doc	nument establishing the authority of the principal)
nereby authorizes(full na	
(full na	ame of the authorized person)
passport number	, telephone number
o collect participant accreditation badg	ges in accordance with the attached list from the
	accreditation point.
	of attorney is not valid without a list of all
	eir passports, and original personal data consent
forms).	
Power of attorney granted until	20
	,
Principal signature	/
Authorized person signature	
Authorized person signature	(full name of the authorized person)

AFFIX SEAL HERE

Organization seal

## List of participants to be accredited attached to the power of attorney on behalf of legal

(The power of attorney is not valid without a list of all participants to be accredited, copies of

Full name	Date of birth	Passport number

Principal		
		1
(job title)	(signature)	(full name of the principal)