

POWER OF ATTORNEY

on behalf of legal entity

_____ 20_____
(city)

(full name of the principal organization, indicating the type of business entity)

as represented by _____
(job title and full name of the principal)

acting on the basis of _____
(document establishing the authority of the principal)

hereby authorizes _____
(full name of the authorized person)

passport number _____, telephone number _____,

to collect **participant accreditation badges** in accordance with the attached list from the
Healthy Life Forum accreditation point.

The list of participants attached (the power of attorney is not valid without a list of all participants to be accredited, and copies of their passports).

Power of attorney granted until _____ 20____.

Principal signature _____ / _____
(full name of the principal)

Authorized person signature _____ / _____
(full name of the authorized person)

AFFIX SEAL HERE

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

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

Full name	Date of birth	Passport number

Principal

_____ /
(job title)

(signature) (full name of the principal)