

## **Full power of attorney, General Assembly of the WFLD: September 30, 2018**

By this document, I give Dr \_\_\_\_\_ a full power of attorney to replace me at the WFLD General Assembly of September 30, 2018 and to vote and to make all necessary decision on my behalf.

Date:

Dr / Prof:

E-mail:

Address and Country:

Hand signature