



Power of Attorney

Name: _____

Address: _____

Zip Code: _____ City: _____

State: _____ Country: _____

I hereby give _____ (name in capital letters) power of attorney to pick-up my order number _____ from Cryos by handing over this document and presenting a valid picture ID (passport, driver's license, etc.).

Date: _____ Signature: _____

After completion and prior to pick up at Cryos this Power of Attorney must be e-mailed to: usa@cryosinternational.com or faxed to +1407 270 7361.