

Please make sure that this declaration - filled in and signed by the President of your association - is submitted to the IFLA APR Secretariat by **Friday**, **14**<sup>th</sup> **August 2020**.

I, the undersi	gned							
				(Please type you	r name and surn	ате)		
President of			(Please type the name of your institute or					
		(Please	association	•		(Please	e type name)	
Full address								
(Please type official address of your association including postal code)								
Tel	+(	)	Fax +( ) Email		il			
(Please type official contact numbers of your association)								
						represented at t d observer(s) as s		
1.		Prof	Dr	Mr	Ms Mrs Mdr who is our official delegate to IFLA.			
(Please type the name and surname of the official delegate)								
Address								
Mobile	+ (	)	Email		Skype ID			
2. plus		Prof	Dr	Mr	Ms	Mrs	Mdm	
(Please type the name and surname of your first observer, if any)								
(Please type the email address of your first observer, if any)								
3. plus		Prof	Dr	Mr	Ms	Mrs	Mdm	
(Please type the name and surname of your second observer, if any)								
		(Please ty	pe the email addr	ess of your second	observer, if any	)		

will attend this year's APR Council Meeting as observers.



In case that our Delegate is not able to attend the APR Council Meeting, I declare that our proxy vote is transferred to: Prof Dr Mr Mrs Mdm Ms Delegate of the following association, or a member of the Executive Committee as identified below: (Please type official name of the association or "EXCO" as applicable) who has been instructed accordingly and has full powers to vote on all motions on our behalf. Signature Date Assoc. Prof Mike Barthelmeh, IFLA-APR Honorary **SEND TO** mikebiflaapr@gmail.com Secretary **COPY TO** Ms Daniela Stecher, IFLA-APR Secretariat ifla.apr@mci-group.com