



**CERTIFICATE FOR IACM/ECCOMAS MEMBERSHIP
VIII International Conference on Adaptive
Modeling and Simulation – ADMOS 2017**

**Verbania, Italy
June 26 – 28, 2017**

Date:

Participant Full Name:

Name of IACM or ECCOMAS Association:

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Registration Ref. ID:

**This is to certify that is a
member of the IACM / ECCOMAS affiliated Association**

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Association President Signature

Name of President:

Please send this form by fax (34 93 205 83 47) or e-mail to the secretariat.

First Name: Family Name

Organization: Department:

VAT..... Address: Postal Code:

City: State Province: Country:

Phone: Fax: Email:

	FEES (Prices in Euro):	<i>Payment on or before April 24 2017</i>	<i>Payment after April 24 2017</i>
	ECCOMAS / IACM Delegate Registration	465	560
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