



**CERTIFICATE FOR ECCOMAS MEMBERSHIP
CM3-2017**

**Brussels, Belgium
May 22 – 24, 2017**

Date:

Participant Full Name:

Name of ECCOMAS Association:

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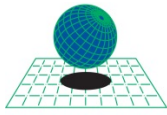
Registration Ref. ID:

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

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Association President Signature

Name of President:



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

First Name: Family Name

Organization: Department:

VAT..... Address: Postal Code:

City: State Province: Country:

Phone: Fax: Email:

FEES (Price in Euro):

		<i>Payment on or before March 22, 2017</i>	<i>Payment after March 22, 2017</i>
	ECCOMAS Member (Including Congress Banquet)	465 €	560 €
	Banquet attendance confirmation	0 €	0 €
	Welcome Cocktail attendance confirmation	0 €	0 €
	Total Payment:		

PAYMENT METHODS:

I have ordered a bank transfer to:

Bank: CAIXABANK - C/TRIAS GIRO, 11-13 (08034) Barcelona - Spain
IBAN: ES24 2100 1801 1202 0005 7173
SWIFT CODE: CAIXESBBXXX
Account Holder: CIMNE

Please attach copy of the bank transfer to this form.

I would like to pay the above marked amount by credit card.

Visa American Express Master Card

Card number: _____

Expiry date: _____

CCV: (last 3 digits on the back of the credit card, 4 digits if AMEX) _____

Cardholder's name: _____

Date: _____

Authorized signature: _____