



## CERTIFICATE FOR IACM/ECCOMAS MEMBERSHIP CM3-2017

Brussels, Belgium May 22 – 24, 2017

Date:
Participant Full Name:
Name of IACM or ECCOMAS Association:
Registration Ref. ID:
This is to certify that is a member of the IACM / ECCOMAS affiliated Association
Association President Signature
Name of President:



## CM3 - 2017 Secretariat CIMNE Congress Bureau

Jordi Girona, 1-3

Campus Nord UPC, Ed. C3, Zona Comercial 08034 Barcelona, Spain

VAT: ESQ-5850006-G

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

Organization:         Department:           VAT         Address:         Postal Cod           City:         State Province:         Country:           Phone:         Fax:         Email:           FEES (Price in Euro):           Payment on or before Payment after Pay * ab * Á+F, 201 ii         January 31, 2017           IACM/ECCOMAS Member (Including Congress Banquet)         466 €         561 €           Banquet attendance confirmation         0 €         0 €	st Name:	Family Name	e	
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Please attach copy of the bank transfer to this form.	Plea	se attach copy of the bank transfer to	o this form.	
I would like to pay the above marked amount by credit card.  Visa American Express Master Card	F23		•	
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Cardholder's name:		name:		
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