



**CERTIFICATE FOR IACM/ECCOMAS MEMBERSHIP  
XIII International Conference on Computational  
Plasticity – COMPLAS 2015**

**Barcelona, Spain  
September 1 – 3, 2015**

**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:** .....

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: .....

	<b>FEES (Prices in Euro):</b>	<i>Payment on or before May 15, 2015</i>	<i>Payment after May 15, 2015</i>
	ECCOMAS / IACM Delegate Registration	465	560
	Banquet Attendance confirmation (for conference registrants)	0	0
	Welcome cocktail attendance confirmation (for conference registrants)	0	0
	<b>Total Payment</b>		

**PAYMENT METHODS:**

I have ordered a bank transfer to:  
 Bank: CAIXABANK - C/TRIAS GIRO, 11-13 (08034) Barcelona - Spain  
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 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.  
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Card number: \_\_\_\_\_

Expiry date: \_\_\_\_\_

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