



**CERTIFICATE FOR IACM/ECCOMAS MEMBERSHIP**  
**VI International Conference on Coupled Problems in**  
**Science and Engineering – COUPLED h k \ " Q U o'201**

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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) 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 15, 2017</i>	<i>Payment after March 15, 2017</i>
	IACM/ECCOMAS member (including conference banquet)	523 €	618 €
	Banquet attendance confirmation	0 €	0 €
	Social program for companion	140 €	140 €
	<b>Total Payment:</b>		

**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: \_\_\_\_\_