



WCCM XI - ECCM V - ECFD VI  
BARCELONA 2014

# WCCM XI – ECCM V – ECFD VI

## July 20 – 25, 2014

### Barcelona, Spain

### Exhibitor Booking Form

Company Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Invoice Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Contact e-mail: \_\_\_\_\_ Company \_\_\_\_\_  
URL \_\_\_\_\_ VAT N° (mandatory for EU Countries): \_\_\_\_\_

#### **Booth Space**

Booth preferences will be accommodated whenever possible and available on a first come, first served basis. Please indicate the number of booths required and the preferred spaces requested. Please refer to the exhibit hall diagram.

**We want to reserve ..... booth(s) in the following locations:**

**1<sup>st</sup> choice** ..... **2<sup>nd</sup> choice** ..... **3<sup>rd</sup> choice** .....

#### **Sponsorship Options:**

To maximize your organization exposure at the congress, you may sponsor the Congress or you may choose to co-sponsor a specific Congress function or promotional item. By participating in one of the many meeting co-sponsorship opportunities, your organization will be recognized in additional locations depending on the donation level.

	<b>Unit Price (Euro)</b>	<b>To be paid (Euro)</b>
Basic booth	€3.000,00	
Extended booth	€2.000,00	
	<b>Total</b>	
	(*) <b>Taxes 21 %</b>	
	<b>Total (Euro)</b>	

(\*) Taxes only apply to Spain.

#### **Conditions of Payment:**

Exhibition order forms submitted are binding and cannot be cancelled.  
Payment is due upon receipt of the invoice issued by CIMNE.

**PAYMENT METHODS:**

I have ordered a bank transfer to:

Bank: Sabadell - C/ Sant Gervasi de Cassoles, 45 - 08022 BARCELONA - Spain  
IBAN: ES87 0081 7082 5500 0121 1724 - SWIFT-CODE: BSABESBB  
Account Number: 0081 7082 5500 0121 1724  
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: \_\_\_\_\_

Final del formulario



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