



**CERTIFICATE FOR IACM/ECCOMAS MEMBERSHIP
V International Conference on Isogeometric Analysis
IGA 2017**

**Pavia, Italy
September 11 – 13, 2017**

Date:

Participant Full Name:

Name of IACM or ECCOMAS Association:

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Registration Ref. ID:

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

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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:

	FEES (Prices in Euro):	<i>Payment on or before May 31 2017</i>	<i>Payment after May 31 2017</i>
	ECCOMAS / IACM Delegate Registration	520€	617€
	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. Before submitting your wire transfer please check with your bank to determine exact wire transfer fee. That amount must then be added to the total funds being sent.

- 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: _____
