



**CERTIFICATE FOR IACM/ECCOMAS MEMBERSHIP
International Conference on Multibody Dynamics**

**Barcelona, Spain,
June 29 – July 2, 2015**

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 March 20 2015</i>	<i>Payment after March 20 2015</i>
	ECCOMAS / IACM Delegate Registration	427	475
	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
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 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.
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