CERTIFICATE FOR IACM MEMBERSHIP
1st Pan-American Congress on Computational Mechanics – PANACM 2015

Buenos Aires, Argentina,
April 27 – 29, 2015

Date: …………………………………………

Participant Full Name: …………………………………………………………….

Name of IACM Association:

………………………………………………………………………………………………………

Registration Ref. ID: ………………………………………….

This is to certify that …………………………………………………. **is a member of the IACM affiliated Association**

……………………………………………………………………………………………………..

Association President Signature

Name of President: …………………………………………………………..

(For IACM Affiliated Associations' members only)

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 US Dollars):

		Payment before January 30, 2015	*Payment after January 30, 2015*
	Full Delegate Registration *(Congress banquet included)*	551,00	646,00
	Reduced Delegate Registration *(Congress banquet not included)*	456,00	551,00
	Total Payment:		

PAYMENT METHODS:

☐ I have ordered a bank transfer to:

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Account Number: 0019 0029 1240 5200 7899
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

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