



**CERTIFICATE FOR IASS, IACM/ECCOMAS  
MEMBERSHIP for the joint International Conference  
IASS Symposium 2019 & Structural Membranes 2019**

**Barcelona, Spain  
October 7 – 10, 2019**

**Date: .....**

**Participant Full Name:.....**

**Name of IASS, IACM or ECCOMAS Association: .....**

**Registration Ref. ID: .....**

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

**.....**

**Association President Signature**

**Name of President: .....**

**Please send this form to the secretariat to arrange payment.**

First Name: ..... Family Name .....

Organization: ..... Department: .....

Address: ..... Postal Code: .....

City: ..... State Province: ..... Country: .....

Phone: ..... Fax: ..... Email: .....

**FEES:**

		<i>Payment until 31 May 2019</i>	<i>Payment after 31 May 2019</i>
	IASS, ECCOMAS and IACM members	680€	780€
	CONFERENCE PACKAGE 3 nights	1280€	1380€
	CONFERENCE PACKAGE 4 nights	1480€	1580€
	Technical Visit	150€	150€
	Basic accompanying persons programme	150€	150€
	Full accompanying persons programme	300€	300€
	<b>Total Payment:</b>		