



**CERTIFICATE FOR IACM/ECCOMAS MEMBERSHIP  
IX International Conference on Adaptive  
Modeling and Simulation – ADMOS 2019**

**Campello (Alicante), Spain  
May 27 – 29, 2019**

**Date:** .....

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

**Name of IACM or ECCOMAS Association:**

.....

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

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

.....

**Association President Signature**

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

**Please send this form by e-mail to the secretariat.**

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

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

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

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

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

	<b>FEES (Prices in Euro):</b>	<i>Payment on or before February 20 2019</i>	<i>Payment after February 20 2019</i>
	ECCOMAS / IACM Delegate Registration	560€	655€
	<b>Total Payment</b>		

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**PAYMENT METHODS:**

- I have ordered a bank transfer to:  
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 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.*
- If you would like to pay online by credit card, please contact the secretariat
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