



**CERTIFICATE FOR ECCOMAS MEMBERSHIP
CM3-2021**

**Barcelona, Spain
Nov 22 – 24, 2021**

Date:

Participant Full Name:

Name of ECCOMAS Association:

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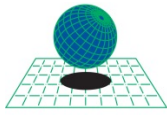
Registration Ref. ID:

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

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Association President Signature

Name of President:



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 Euro):

		<i>Payment on or before Sep 6, 2021</i>	<i>Payment after Sep 6, 2021</i>
	ECCOMAS Member	380 €	428€