



**CERTIFICATE FOR IACM/ECCOMAS MEMBERSHIP
XIV International Conference on Computational
Plasticity – COMPLAS 2019**

**Barcelona, Spain
September 3 – 5, 2019**

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) 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 April 26, 2019</i>	<i>Payment after April 26, 2019</i>
IACM/ECCOMAS member (including conference banquet)	637€	741€
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
SWIFT CODE: CAIXESBBXXX
Account Holder: CIMNE

Please attach copy of the bank transfer to this form.