



**CERTIFICATE FOR IACM/ECCOMAS MEMBERSHIP
VIII International Conference on Computational
Methods in Marine Engineering – MARINE 2019**

**Göteborg, Sweden
May 13 – 15, 2019**

Date:

Participant Full Name:

Name of IACM or ECCOMAS Association:

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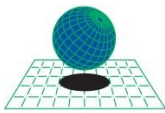
Registration Ref. ID:

**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:

Address: Postal Code:

City: State Province: Country:

Phone: Fax: Email:

FEES:

		<i>Payment until 11 February 2019</i>	<i>Payment after 11 February 2019</i>
	Delegate Registration	575€	665€
	Total Payment:		

PAYMENT METHODS:

- I have ordered a bank transfer to:
- Bank: LA CAIXA - C. TRIAS GIRO, 11-13 (08034) Barcelona - Spain
IBAN: ES24 2100 1801 1202 0005 7173 - SWIFT-CODE: CAIXESBBXXX
Account Number 2100 1801 12 0200057173
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

Card number: _____

Expiry date: _____

CCV: (last 3 digits on the back of the credit card, 4 digits if AMEX) _____

Cardholder's name: _____

Date: _____

Authorized signature: _____