



**CERTIFICATE FOR IACM/ECCOMAS MEMBERSHIP**  
**II International Conference on Simulation for**  
**Addictive Manufacturing**  
**Sim-AM 2019**  
**Pavia, Italy**  
**September 11 – 13, 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 June 15, 2019</i>	<i>Payment after June 15, 2019</i>
	ECCOMAS / IACM Delegate Registration	522€	617€
	<b>Total Payment</b>		

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**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. 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 prefer to pay by credit card, please contact the secretariat*

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