



**CERTIFICATE FOR ECCOMAS MEMBERSHIP**  
**8<sup>th</sup> ECCOMAS Thematic Conference on**  
**Smart Structures and Materials**  
**SMART 2017**

**Date:**

**Participant Full Name:**

**Name of ECCOMAS Association:**

**Registration Ref. ID:**

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

**Association President Signature**

**Name of President:**

**Name of Association:**



**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: .....

***For ECCOMAS members only!***

**FEES (Price in Euro):**

		<i>Payment on or before March 8, 2017</i>	<i>Payment after March 8, 2017</i>
	Delegate Registration	450	540
	<b>Total Payment:</b>		

**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 Number: 2100 1801 1202 0005 7173  
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: \_\_\_\_\_