# CERTIFICATE FOR IACM/ECCOMAS MEMBERSHIP
# CFC 2023

## April 25 – 28, 2023

**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: ……..**

**CFC2023 Secretariat**
**CIMNE Congress Bureau**
Edifici C1 Campus Nord UPC
C/ Jordi Girona 1-3 08034 Barcelona, Spain

**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: ……

| | **FEES (Prices in Euro):** | Early | Late |
|---|---|---|---|
| | ECCOMAS / IACM Delegate Registration | 593.75 € | 693.50 € |
| | | | |
| | | | |
| | **Total Payment** | | |