



CERTIFICATE FOR IACM/ECCOMAS MEMBERSHIP CFC 2025

March 17 – 20, 2025

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 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	655.50 €	736.25 €
	ECCOMAS / IACM Registration - Banquet not incl-	580.50 €	661.25 €
	Total Payment		