



JUNE 5-10, 2016 CRETE, GREECE

http://eccomas2016.org

CERTIFICATE FOR IACM/ECCOMAS MEMBERSHIP ECCOMAS Congress 2016

| 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. |
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| Association President Signature |
| |
| Name of President: |