

Registrationform EXPO contest IASS WG 21
Joint IASS and Structural Membranes Symposium, Form and Force, Barcelona 7-10 October 2019

Please complete the form and submit it at this website.

For questions please see:
 Arno Pronk
 email: a.d.c.pronk@tue.nl
 tel: +31-40-2472585;



Name of the team *

Name of paper *

* the team is asked to write, submit and present a conference paper at the joint 2019 iass-structural membranes symposium. There will be a special session where the pavilions will be presented by the authors and discussed by the audience. The submission and review of your abstract and paper will be independent of the expo and will be performed by the scientific committee of the joint symposium.

Name of presenting author *

Name on badge *

(Name on badge 2nd line)

Organization *

(Organization 2nd line)

Initials * (R.P.F.)

Prefix (van der)

Surname * (Berg)

Titles (Dr.)

Male/Female ☐ Male ☐ Female

together with this form I will submit:

Photo of presenting author ☐

Photo of team ☐

First picture of the "pavilion" ☐

Second picture of the "pavilion" ☐

Third picture of the "pavilion" ☐

Movie of "pavilion" ☐

3D model in Rhino ☐

Explanation ☐

Pictures in jpeg size 1 MB movie max size 10 MB
 Explanation of pavilion in 500 words in English

Assumed weight of the pavilion * (KG)

Material

*

Combustibility class

*

* European classification A1, A2, B, C, D, E of F

type of pavilion

☐

suspended

☐

standing

Need for power

☐

yes

☐

no

Number of envelope

*

Street

*

(Park Avenue)

House number (numeric part)

(23)

House nr (alphanumeric part)

(Bis)

Postal code/ZIP-code

(9171)

City

*

(Paris)

District/Province/State

(P.E.I.)

Country

*

Location

(Research building/Room)

Email

*

Telephone

Fax

Adress for the invoice

Distance of workshop to Barcelona

(in km)

Fee

Euro ($500 - 0.025 \cdot \text{km}$)

* shortest distance through the air.

Name

*

Street

*

(Park Avenue)

House number (numeric part)

(23)

House nr (alphanumeric part)

(Bis)

Postal code/ZIP-code

(9171)

City

*

(Paris)

District/Province/State

(P.E.I.)

Country

*

Team

Name of second co-author *
Prefix (van der)
Surname * (Berg)
Titles (Dr.)

Name of third co-author *
Prefix (van der)
Surname * (Berg)
Titles (Dr.)

Name of fourth co-author *
Prefix (van der)
Surname * (Berg)
Titles (Dr.)

Name of fifth co-author *
Prefix (van der)
Surname * (Berg)
Titles (Dr.)

etc.

Additional information

Please submit this form in a zip file together with the other information about your pavilion to: **a.d.c.pronk@tue.nl**