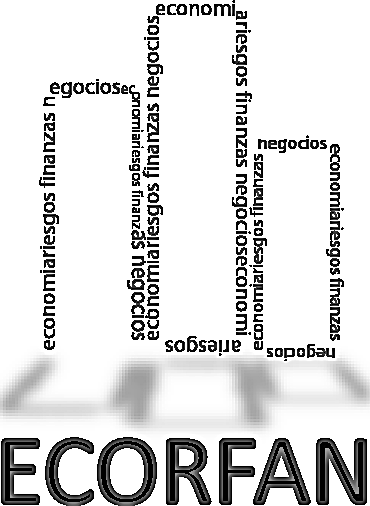
**** **Madrid, Spain \_\_\_\_ , \_\_\_\_ 20\_\_\_\_\_**

**ECORFAN®**

**Authorization form**

I understand and accept that the results of evaluation are inappealable. If my article is accepted for publication, I authorize ECORFAN to reproduce it in electronic data bases, reprints, anthologies or any other media in order to reach a wider audience.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Article

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name