

Company Information

Company Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Postal Code: _____ Country: _____

Company Phone: _____ Website URL: _____

Primary Contact Information

The person below will be the primary contact receiving Industry Partner Membership Information.

Contact Name: _____

Phone: _____ E-mail: _____

Membership Level

Please select your Industry Partner Membership level below

☐ **Platinum | \$10,000**

☐ **Gold | \$5,000**

☐ **Silver | \$2,500**

Method of Payment

_____ Check (Payable to Biophysical Society – US currency drawn on US bank. No Purchase Orders accepted.)

_____ Credit Card

Card Type (check one):

☐ MasterCard ☐ Visa ☐ Discover ☐ American Express

Credit Card Number: _____

Exp. Date: ____/____/____ CVV Number: _____
(month) (year)

Name as it appears on card: _____

Signature: _____

(Your signature authorizes your credit card to be charged for the total payment.
The Biophysical Society reserves the right to charge the correct amount if different from the total payment.)

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Please allow 7–10 business days for processing.
Return form to the Sales & Exhibits Manager at 240-290-5609 or exhibits@biophysics.org.