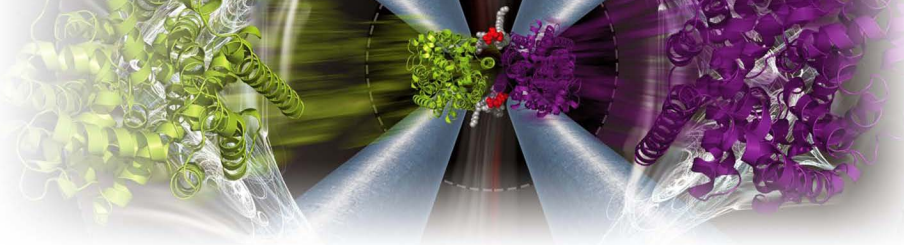


BPS19

63RD ANNUAL MEETING OF THE BIOPHYSICAL SOCIETY
BALTIMORE, MARYLAND • MARCH 2–6, 2019



Early Registration

Badges will be available for pick-up at the Baltimore Convention Center.

Family Name: _____ Given Name: _____ Title: _____

myBPS Username: _____

If you do not have a myBPS account, please provide a preferred username and BPS will create an account on your behalf.

Institution/Company: _____ Department: _____

Street Address: _____

City: _____ State/Prov: _____ Zip/Mail Code: _____ Country: _____

Telephone: _____ Fax: _____

Email: _____

I require special accommodations to fully participate in the Annual Meeting.

Describe briefly: _____

Check type of registration and enter the number of tickets and other fees. Enter the total remittance enclosed. Member rates apply to BPS members with 2019 dues paid.

Registration (check one)*

Regular Member (2019 dues paid**) \$280

Regular Nonmember \$510

Early Career Member (2019 dues paid**) \$255

Early Career Nonmember \$510

BPS Emeritus Member \$80

Student Member (2019 dues paid**) \$80

Student Nonmember \$130

Student Certification: A copy of Student ID MUST accompany registration before it will be processed.

* Prices applicable until January 28, 2019.

** Visit www.biophysics.org to join or renew society membership.

Other

Printed Program Book \$10

Guest (Opening Reception and Monday Reception Only) \$65

Name on guest badge: _____

Postdoc to Faculty Q&A: Transitions Forum & Luncheon
Open to first 40 attendees. \$40

Meal Preference: Vegetarian: Yes No

Subtotal (Registration)= \$ _____

Subtotal (Other)= \$ _____

TOTAL (Registration & Other)= \$ _____

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

_____ Wire Transfer (Please contact the Biophysical Society for necessary account information.)

Credit Card Number: _____

Expiration Date: _____ / _____ **Security Code (on back of card, or on front of AmEx):** _____
(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.)

Please email or fax this form to the Biophysical Society.