



Annual Meeting Attendee Mailing List Contract

Company Information				
Company Name:				
Contact Name:	Title:			
Address:				
City:	State:	Postal Code:	Country:	
Contact Phone:	Fax:	E-mail:		
Signature:				
By signing this form, I understar for review with this form.	nd and agree that this list orde	er is for a one-time use only and is to be	e used only to send material submitted	
Selection Requested	: Pre-Meeting List*	Post-Meeting List*		
	ALL US Only	US & Canada Only Inter	national Only	
Exclude: Students	Exhibitors			
	*Pre-Meeting Attendee List will be available beginning November 19, 2018 *Post-Meeting Attendee List will be available beginning March 25, 2019			
For exact counts,	please contact the Sales & Exh	nibits Manager at 240-290-5609 or exh	ibits@biophysics.org	
		-		
		use. Lists cannot be sent directly to a cor		
Mail House	Contact Name			
	Phone			
Please note: All lists will be sent	to the third-party mail house ii	n Excel format unless otherwise noted. N	No email addresses are included.	
Total Price				
# of Attendees		x \$.35 per name = \$	USD	
(Minimum \$350 or 1,000 names	5.)			
Method of Payment				
Check (Payable to Biop	hysical Society – US currency o	drawn on US bank. No Purchase Orders a	accepted.)	
Credit Card				
Card Type (check one):	☐ MasterCard ☐ Visa [☐ Discover ☐ American Express		
Credit Card Number: _				
Expiration Date:	/ CVV Number	;;		
		Signature:		
(Your signature authorize	s your credit card to be charged	for the total payment. The Biophysical Socie		
amount if different from t	ne total payment.			

Please allow 7–10 business days for processing.

Return form to the Sales & Exhibits Manager at exhibits@biophysics.org.