

Early Registration

Badges will be available for pick-up at the San Diego 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			
	Department:				
Street Address:		-			
City:	State/Prov:	Postal Code:	Country:		
		Fax:			
Email:					
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□ 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.

Registration (check one)

Regular Member (2023 dues paid)	\$290
Regular Nonmember	\$540
Early Career Member (2023 dues paid)	\$265
Early Career Nonmember	\$540
Emeritus Member	\$80
Student Member (2023 dues paid)	\$80
Student Nonmember*	\$130

Other

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

Name on guest badge: _____

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

Subtotal (Registration) = \$_	
Subtotal (Other) = \$_	
Subtotal (Membership) = \$_	
TOTAL = \$	

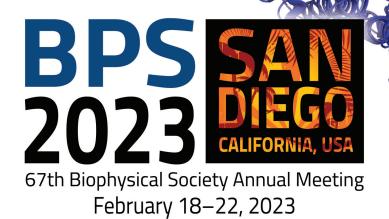
SUBGROUP SELECTION (One Complimentary with Membership)

🗆 Bioenergetics, Mitochondria, and Metabolism 🗆 Bioengineering 🗇 Biological Fluorescence 🖓 Biopolymers in Vivo 🖓 Channels, Receptors and Transporters

Cryo-EM 🛛 Intrinsically Disordered Proteins 🗆 Macromolecular Machines and Assemblies 🖾 Mechanobiology 🖾 Membrane Fusion, Fission, and Traffic

□ Membrane Structure and Function □ Membrane Transport □ Motility and Cytoskeleton □ Multiscale Genome Organization □ Nanoscale Approaches to Biology

□ Physical Cell Biology □ Single-Molecule Forces, Manipulation, and Visualization □ Theory and Computation



Early Registration

Method of Payment Check (Payable t	0 <i>Biophysical Society</i> – US curr	ency drawn on US bank. No Pu	ırchase Orders acc	repted.)				
Credit Card	Card Type (check one):	□MasterCard □Visa	□ Discover	□ American Express				
Wire Transfer (Wire Transfer (Please contact the Biophysical Society for necessary account information.)							
Credit Card Number:								
Expiration Da	Expiration Date:///		k of card, or on f	ront of AmEx):				
Name as it appears on card:		Signature:						
(Your signature author from the total payme	, .	ed for the total payment. The Bioph	ysical Society reserve	es the right to charge the correct amount if different				

Please email this form to the Biophysical Society at society@biophysics.org