

Spatial Organization of Biological Functions

October 20-24, 2025

Bangalore, India

Speaker/Attendee Housing Form

First/Given Name		Last/Family Name	
Institution		Department	
Street Address			
City	State/Province	Zip/Postal Code	Country
Phone	Ext.	Fax	Email address

HOUSING INFORMATION

- **ACCOMMODATIONS ARE SHARED ROOMS.**
- On the day of arrival (October 20) you cannot check-in to your room prior to 12:00 noon.
- All sleeping rooms are in the ICTS Guest House or the National Center for Biological Sciences (NCBS)
- Additional nights and guest fees will be your responsibility. They must be paid in advance through the Society.
- Incidentals can be paid on site, however ICTS and NCBS does NOT accept CASH.

Male Female (Required for housing assignment)

Name of another person attending with whom I can share _____

Complimentary room reservations will be made for arrival Monday, October 20 and departure Saturday, October 25, unless otherwise noted below.

Date of Arrival: _____ Date of Departure: _____

ATTENDEE DIETARY RESTRICTIONS: (please check all that apply)

No specific needs

No fish No pork No meat No dairy No eggs No gluten

Comments: _____

Will you be bringing a guest? Guests/spouses accommodated on a space available basis.

_____ No _____ Yes Guest Full Name: _____

If bringing a guest, GUEST DIETARY RESTRICTIONS: (please check all that apply)

No specific needs

No fish No pork No meat No dairy No eggs No gluten

Comments: _____

******A credit card is required but will ONLY be charged for additional nights and/or guest fees.**

Credit Card Number _____ Card Type _____ CVC Code _____

Expiration Date _____ Name on Card _____

**Each attendee must register and complete a housing form.
Registration is not complete until a housing form is received.**

Please email this form by July 21, 2025 to: meetings@biophysics.org