

| Single Registration | 2-5 Registrations | 6–19 Registrations | 20+ Registrations | Register: |
|---------------------|-------------------|--------------------|-------------------|---|
| engre negletiation | | | 20 Hogiotrationo | Online: www.magnapubs.com/TPOC |
| | | | | Email: support@teachingprofessor.com |
| \$499 per person | \$349/ea. | \$299/ea. | \$247/ea. | FAX: 608-246-3597 |
| | | | | Mail: 2718 Dryden Drive, Madison, WI 53704 |

All prices above are per person. To qualify for a group discount, all registrations must be submitted together.

SECTION 1: ATTENDEE INFORMATION Complete this section for each attendee. Please print.

| First Name | Last Name | | | |
|------------------|-----------|-----|---------|--|
| Job Title & Dept | | | | |
| Institution | | | | |
| Address | | | | |
| City | State | Zip | Country | |
| Phone Email (| required) | | | |

SECTION 2: BILLING INFORMATION Same as Above

| If you are registering a group, complete this section only once. Please | ; print. | | | | |
|--|------------------------------|----------------------------|--|--|--|
| First Name | _ Last Name | | | | |
| Title | Department | | | | |
| Institution | | | | | |
| Address | | | | | |
| City | | | _ Country | | |
| Phone | Email (required) | | | | |
| Cancellations received after October 1, 2024 are subject to a \$150 service cha sign up for the conference, but do not attend, will be charged the full registratio Cancellation requests can be sent by email to support@magnapubs.com or by f the subject line. | on price. Substitutions or n | ame changes can be made at | any time. All cancellations must be received in writing. | | |

SECTION 3: PRICING & PAYMENT

| If you are registering a group, complete this section only once. Please print. | | | | |
|--|-----------------|--|--|--|
| Registration Fee | \$ | | | |
| Please add The Teaching Professor subscription for \$159 | \$ | | | |
| Total in U.S. Dollars | \$ | | | |
| Payment Options (Accounts 30 days past due are subject to a 1.5% service fee per month, 18% per annum) | | | | |
| Check payable to Magna Publications, in U.S. funds, is enclosed | | | | |
| Bill Me (Federal ID #39-1286980) PO number | | | | |
| 🗖 Credit Card: 🔲 MasterCard 🔲 VISA 🔲 American Express 🔲 Discover | | | | |
| Credit Card # | Expiration Date | | | |
| Authorized Signature | | | | |
| (Charge will appear as Magna Publications, Inc.) | | | | |
| | | | | |
| X Signature (I agree to the terms below) | DATE | | | |