

Register on or before:	Single Registration	2-4 Registrations	5 or more Registrations
3/7/25	\$349 per person	\$329/ea.	\$299/ea.
4/18/2025	\$449 per person	\$429/ea.	\$399/ea.
Regular Rate	\$499 per person	\$499/ea.	\$499/ea.

Register:

Online: www.magnapubs.com/HPEC
Email: support@magnapubs.com
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 _____ State _____ Zip _____ Country _____
 Phone _____ Email (required) _____

Cancellations received two weeks prior to the start of the conference are subject to a \$150 service charge per person. Cancellations made on or after the start of the conference will result in the full registration fee. Individuals who sign up for the conference, but do not attend, will be charged the full registration price. Substitutions or name changes can be made at any time prior to the beginning of the conference. All cancellations must be received in writing. Cancellation requests can be sent by email to support@magnapubs.com or by fax to 608-246-3597. Please include "Cancellation of 2025 Health Professions Educators Conference Registration" in the subject line.

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** _____