

Register on or before:	Single Registration	2-4 Registrations	5 or more Registrations
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](http://www.magnapubs.com/HPEC)  
**Email:** [support@magnapubs.com](mailto: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](mailto: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** \_\_\_\_\_