



# Registration Form

## The Teaching Professor Conference on Mental Health and Wellbeing

**LIVE ONLINE ACCESS: NOVEMBER 6, 2025**  
ON-DEMAND ACCESS: THROUGH FEBRUARY 6, 2026

Register on or before:	Single Registration	2-4 Registrations	5+ Registrations
10/24/2025	\$449 per person	\$429/ea.	\$399/ea.
Standard Rate	\$499 per person	\$499/ea.	\$499/ea.

All prices above are per person.

To qualify for a group discount, all registrations must be submitted together.

### Register:

**Online:** [www.magnapubs.com/NPSHE](http://www.magnapubs.com/NPSHE)

**Email:** [support@magnapubs.com](mailto:support@magnapubs.com)

**FAX:** 608-246-3597

**Mail:** 2718 Dryden Drive, Madison, WI 53704

### 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 Teaching Professor Conference on Mental Health and Wellbeing 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** \_\_\_\_\_