Registration Form

The Teaching Professor Conference on Mental Health and Wellbeing

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

Standard Registration Rate
$499

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

Register:

Online: www.magnapubs.com/NPSHE
Email: 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 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** _____