

REGISTRATION FORM

Health Professions Educators Conference

Live Online: April 21, 2026

with on-demand access through July 21, 2026

REGISTRATION FEES

Register on or before	1 person	2-4 people	5 or more
2/20/2026	\$349	\$329/ea.	\$299/ea.
4/10/2026	\$449	\$429/ea.	\$399/ea.
Regular Rate	\$499	\$499/ea.	\$499/ea.

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

ATTENDEE INFORMATION Complete this section for each attendee. Please print.

First Name _____ Last Name _____
 Title _____ Department _____
 Institution _____
 Address _____
 City _____ State _____ Zip _____ Country _____
 Phone _____ Email (required) _____

BILLING INFORMATION If you are registering a group, complete this section only once. Please print. Same as Above

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 2026 Health Professions Educators Conference Registration" in the subject line.

PRICING & PAYMENT If you are registering a group, complete this section only once. Please print.

Registration Fee \$ _____

Add *The Teaching Professor* 1-year subscription for \$169..... \$ _____

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 (Charge will appear as Magna Publications, Inc.) MasterCard VISA American Express Discover

Credit Card # _____ Expiration Date _____

Authorized Signature _____

X Signature (I agree to the terms below) _____ **Date** _____

Email:
support@magnapubs.com

Mail:
2718 Dryden Drive, Madison, WI 53704

Fax:
608-246-3597

or Register Online:
www.magnapubs.com/HPEC