



REGISTRATION FORM

October 8-10, 2026 | Providence, RI

| Conference Registration Fee (Oct. 8-10) | | | |
|---|----------------|--------------------|--------------------|
| Postmarked on or before | 1 person | 2-4 people | 5 or more |
| 6/26/2026 | \$1,149 | \$1,049/ea. | \$949/ea. |
| 8/21/2026 | \$1,349 | \$1,249/ea. | \$1,149/ea. |
| 9/25/2026 | \$1,449 | \$1,349/ea. | \$1,249/ea. |
| Regular Rate | \$1,659 | \$1,659/ea. | \$1,659/ea. |

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

| Optional Half-Day Preconference Workshops (Oct. 8) | |
|--|-------|
| A | \$349 |
| B | \$349 |
| C | \$349 |
| D | \$349 |

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

First Name _____ Last Name _____
 Badge Name _____ Job Title & Dept. _____
 Institution _____
 Address _____
 City _____ State _____ Zip _____ Country _____
 Phone _____ Email (required) _____
 ADA Accommodations (requests must be received by August 14, 2026) _____
 Vegetarian Vegan Gluten Free Lactose Intolerant I have a specific, life-threatening food allergy: _____

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) _____

Cancellation Policy: Cancellations received after August 21, 2026 are subject to a \$150 service charge per person. Cancellations made after the final cut-off date (September 25, 2026) will result in 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. 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 Leadership in Higher Education Conference Registration" in the subject line.

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

Registration Fee \$ _____
 Preconference Workshop A B C D (\$349) \$ _____
 Add an Academic Leader subscription for the special attendee price (\$100) \$ _____
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** _____

The "Conference Management" (Magna Publications, Inc., its officers, directors, agents, and employees) shall not have any responsibility or liability for personal injury en route to and from the Leadership in Higher Education Conference or at any time on site. Conference Management shall not have responsibility of liability for unsafe or illegal acts of the hotels, suppliers, entertainers, tour operators, and airlines that are directly or indirectly involved with the conference. Attendees who purchase non-refundable airline tickets do so at their own risk. I agree that any photos or videos taken of me may be used for conference promotional purposes or resale. The total amount of any liability of the Conference Management will be limited to a refund of the attendance fee.