



**LEADERSHIP
IN HIGHER EDUCATION
VIRTUAL CONFERENCE**

Registration Form

Live Online: January 26-27, 2027
with on-demand access through April 27, 2027

REGISTRATION FEES			
Register on or before	1 person	2-4 people	5 or more
12/4/2026	\$349	\$329/ea.	\$299/ea.
1/15/2027	\$449	\$429/ea.	\$399/ea.
Regular Rate	\$499	\$499/ea.	\$499/ea.

All prices 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 by email to support@magnapubs.com or by fax to 608-246-3597. Please include "Cancellation of 2027 Leadership in Higher Education Virtual Conference" in the subject line.

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

Registration Fee \$ _____
 Add *Academic Leader* 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 **MasterCard** **VISA** **American Express** **Discover**
 (Charge will appear as Magna Publications, Inc.)

Credit Card # _____ Expiration Date _____

Authorized Signature _____

ACH Direct Deposit

Town Bank
8040 Excelsior Dr. Suite 101,
Madison, WI 53717

Account Name:
Magna Publications, Inc.

Email Remittance to:
busofc@magnapubs.com

ABA/Routing:
075917843

Account #:
00000110681

SWIFT CODE:
TOWNUS44

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