REGISTRATION FORM

Instructional Design Professionals Conference

Live Online: **September 15–16, 2026**
with on-demand access through December 16, 2026

REGISTRATION FEE	
Regular Rate	$499/ea.

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 Instructional Design Professionals 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:	Mail:	Fax:	or Register Online:
support@magnapubs.com	2718 Dryden Drive, Madison, WI 53704	608-246-3597	www.magnapubs.com/IDPC