

## REGISTRATION FORM

# Faculty Development Professionals Conference

Live Online: **August 18, 2026**

with on-demand access through November 18, 2026

### REGISTRATION FEES

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 Faculty Development 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:  
support@magnapubs.com

Mail:  
2718 Dryden Drive, Madison, WI 53704

Fax:  
608-246-3597

or Register Online:  
www.magnapubs.com/FDPC