



Course Registration Form

Advocate for Health:

Build on the Progress of the Affordable Care Act

www.healthedpartners.org/ceu/adv-hlth

Please send this form with a check or money order for \$32.50 for the self-study course payable to Health Education Partners. Send to:

Health Education Partners
c/o Jim Grizzell
2953 Kacour Ave
North Port, FL 34288

Name: _____

Street / P.O. Box: _____

City: _____

State: _____ **Zip:** _____ **Country:** _____

Work Phone: _____

Fax: _____

E - mail: _____

Payment Information

The registration fee covers tuition expenses and materials and issuance of completion certificate.

Refunds: Less a \$10 administrative fee. If you pay by PayPal you will be able to get a full refund if you let us know within 60 days of signup or \$25 refund after 60 days.

Attached is my check or money order payable to Health Education Partners

Get started now by going to this website and downloading the Study Guide:

www.healthedpartners.org/ceu/adv-hlth/thankyousignupadv-hlth.html

Questions? Contact me!

Health Education Partners
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