

Health Education Partners

Course Registration Form

Surgeon General Prevention Strategy, Priorities and Reports

www.healthedpartners.org/ceu/sg

Please send this form with a check or money order for \$30 for the self-study course payable to Health Education Partners. Send to:

Health Education Partners
c/o Jim Grizzell
1966 Tice Valley Blvd., #227
Walnut Creek, CA 94595

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 let us know within 60 days of signup and if after 60 days only \$5 fee if pay through PayPal

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

Questions? Contact me!

Health Education Partners
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