

Health Impact Assessment

www.healthedpartners.org/ceu/hia

Please send this form with a check or money order for \$25 for the self-study course payable to Health Education Partners. Send to:

Health Education Partners
c/o Jim Grizzell
1805 S. Grant St.
Arlington, VA 22202

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 decided not to complete the course within 60 days of signup.

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

Questions? Contact me!

Health Education Partners
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