**Course Registration Form**

**Healthy People 2030 in Your Work**

[www.healthedpartners.org/ceu/hp2030.html](http://www.healthedpartners.org/ceu/hp2030.html )

Please send this form with a check or money order for $35.00 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

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** |  | | | | | | |
| **Street / P.O. Box:** | | |  | | | | |
| **City:** |  | | | | | | |
| **State:** |  | | | **Zip:** |  | **Country:** |  |
| **Work Phone:** | |  | | | | | |
| **Fax:** | |  | | | | | |
| **Email:** | |  | | | | | |

**Payment Information**

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

**Refunds:** Less a $10 administrative fee. If you pay through [PayPal](https://www.paypal.com/cgi-bin/webscr?cmd=_s-xclick&hosted_button_id=U6WMYN7GPNAYA) (no PayPal account needed, pay with credit card or echeck) you will be able to get a full refund if you let us know within 60 days of signup or $35.00 refund after 60 days. No refunds if a completion certificate has been awarded.

🞐 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/](http://www.healthedpartners.org/ceu/)hp2030/thankyousignuphp2030.html

**Questions? Contact me!**

Health Education Partners

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