## **Health Education**





## **Course Registration Form**

## **Implement Healthy People 2020**

www.healthedpartners.org/ceu/implementhp2020

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 Informati	ion	
The registration fee cove certificate.	rs tuition expenses and n	naterials and issuance of completion

**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 \$20 refund after 60 days..

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

You can get started immediately by going to this website:

www.healthedpartners.org/ceu/implementhp2020/thankyousignupimplementhp2020.html

## Questions? Contact me!

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