 **Course Registration Form**

**Surgeon General Prevention Strategy, Priorities and Reports**

[www.healthedpartners.org/ceu/sg](http://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

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| --- | --- |
| **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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