 **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

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

Jim Grizzell, MBA, MA, MCHES®, ACSM-EP-C, F-ACHA

1966 Tice Valley Blvd., #227

Walnut Creek, CA 94595

909-856-3350

[jimgrizzell@healthedpartners.org](mailto:jimgrizzell@healthedpartners.org)

[www.healthedpartners.org](http://www.healthedpartners.org)