



Course Registration Form Social Marketing Overview

www.healthedpartners.org/ceu/smo

Please send this form with a check or money order for \$10 for the 2 credit unit 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: Refund fee is \$10. If you pay by [PayPal](#) you will be able to get a full refund within 60 days of signup.

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/smo/thankyousignupsmo.html

Questions? Contact me!

Health Education Partners
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