



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
2953 Kacour Ave
North Port, FL 34288

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: No refunds since admin costs are \$10. 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 \$5 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/smo/thankyousignupsmo.html

Questions? Contact me!

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