

## Health Impact Assessment

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

Please send this form with a check or money order for \$25 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:** \_\_\_\_\_

**Email:** \_\_\_\_\_

### 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 you let us know within 60 days of signup and \$5 fee if after 60 days.

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

**You can get started on the course immediately by going to this web page:**

[www.healthedpartners.org/ceu/hia/thankyou\\_signup\\_hia.html](http://www.healthedpartners.org/ceu/hia/thankyou_signup_hia.html).

### Questions? Contact me!

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