

Health Impact Assessment

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

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.

Questions? Contact me!

Health Education Partners
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www.healthedpartners.org