

Health Education Partners

Course Registration Form

Health Marketing:

Commercial Marketing Strategies to Improve Health

www.healthedpartners.org/ceu/hm

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
2953 Kacour Ave
North Port, FL 34288

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 and reporting to the National Commission on Health Education Credentialing at the end of the quarter course was completed.

Refunds, less a \$10 administration fee. If you pay by PayPal you can get a full refund if you let us know you don't want to take the course within 60 days of payment and \$20 refund if pay PayPal if refund requested after 60 days.

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

Questions? Contact me!

Health Education Partners
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