

Course Registration Form



Easier Reading and Understanding - Become a Very Good Resource on Health Reform

www.healthedpartners.org/ceu/hr

Please send this form with a check or money order for \$19.99 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 94505

Name:		
Street / P.O. B	ox:	
City:		
State:	Zip:	Country:
Work Phone:		
Fax:		
E - mail:		
Payment Infor	mation	
The registration completion ce	n fee covers tuition expenses a rtificate.	nd materials and issuance of
		u pay by PayPal you will be able to of signup or \$20 refund after 60
■ Attached is Education Pa	my check or money order mad artners	e payable to Health

You can get started immediately by going to this website:

www.healthedpartners.org/ceu/hr/thankyousignuphealthreform.html

Questions? Contact me!

Health Education Partners
Jim Grizzell, MBA, MA, CHES, ACSM-HFS, F-ACHA
1966 Tice Valley Blvd., #227
Walnut Creek, CA 94505
909-856-3350
jimgrizzell@healthedpartners.org
www.healthedpartners.org