

**Implement Healthy People 2020**

[www.healthedpartners.org/ceu/implementhp2020](http://www.healthedpartners.org/ceu/implementhp2020)

Please send this form with a check or money order for \$30 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.

**Refunds:** Less a \$10 administrative fee. If you pay by PayPal you will be able to get a full refund if let us know within 60 days of signup and if after 60 days only \$5 fee if pay through PayPal

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

**Questions? Contact me!**

Health Education Partners  
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