CMATCH

Intensive Care for Tobacco Product Users Who Want to Quit

**Registration & Agreement Form**

Name (Please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_ ID Code \_\_\_\_\_\_\_\_

Address: City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Agreement:**

Because I am sincerely interested in quitting the use oof tobacco and overcoming addiction to nicotine, I want to follow the CMATCH method:

\_\_\_ I agree to engage in the 14-days of **Taking Control’s** online coaching sessions

\_\_\_ I agree to attend and participate in every scheduled session of the **“Let’s Begin to Quit”** workshop

\_\_\_ I agree to provide an assessment of my smoking history and behavior, if asked

\_\_\_ I agree to participate in the mutually-scheduled, individually-focused telephone coaching sessions thereafter

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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