

Let's Begin to Quit!
(Intensive Care for Tobacco Users Who Want to Quit)
Registration Form

(Please Print) Name _____ Date _____

Address _____ City _____ Zip Code _____

Email _____ Phone _____

Agreement:

Because I am sincerely interested in quitting the use of tobacco and overcome addiction to nicotine, I want to follow the **Taking Control** method:

- I desire to regularly attend the 14-days of coaching and utilize the downloadable print information.
- I agree to attend and participate in every scheduled session of this seminar series.
- I agree to discuss my smoking history and current concerns if asked.

Signed _____

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