## **UGA College of Pharmacy Presents:**



A FREE four-week tobacco cessation program to assist you through the quitting process.

Participant Information	
Name:	E-mail:
City:	State: Zip:
UGA/ACC Department (if applic	able):
Best Telephone: P	none type: Cell $\square$ Work $\square$ Home $\square$
Do you have a romantic partner	who also smokes? $\ \square$ Yes $\ \square$ No
Tobacco History	
	garettes   Chewing tobacco   Other
	een using tobacco?
	use (e.g., 2 packs/week)?ady within the next 6 months, 5=ready to quit ASAP), how ready are
you to quit? Choose one: 1	• • • • • • • • • • • • • • • • • • • •
Nanting Information	
Meeting Information  ☐ Yes, I can attend at least 3 or	t of the 4 dates listed below!
• Dates: March 19, March	26, April 2 and April 9
<ul> <li>Time: Tuesdays from 5:3</li> </ul>	0 – 6:45 pm
<ul> <li>Location: UGA Psycholog</li> </ul>	y Building (Room 304) – 125 Baldwin St, Athens, GA
Parking: Free after 5 pm	in adjoining lot (NO9) or lot across the street (NO8)
<u>Childcare</u>	
If you need childcare, please wr	ite the names and ages of the children below. We will be in touch to
discuss the available options.	
	<del></del>
	<u> </u>

Please email the completed form to <a href="mailto:monicaw@uga.edu">monicaw@uga.edu</a> or fax to 706-542-6022.

If you prefer to complete the form via phone, please contact Monica Williams at 706-542-3893.

You will receive a confirmation email within a week of submitting your registration.

Thank you!