



## **Registration Form for Freshstart Classes**

Name:

Date of Birth:

Form(s) of tobacco used:

Name of worksite (organization of employment):

Phone number:

E-mail:

Would you like a certificate of completion for the Freshstart smoking cessation series (please circle one):

Yes

No

Please send in your registration via fax or e-mail:

Fax – 912.644.5220

e-mail – [cpgibson@dhr.state.ga.us](mailto:cpgibson@dhr.state.ga.us)

\*Class dates are 3/2, 3/4, 3/9 & 3/11. Please call 912.484.1885 with any questions or concerns.