

# Registration Form

**FAX TO: (732) 235-8297**



Nancy Speelman Edwards / Quit2Win Training Registration  
 UMDNJ-School of Public Health  
 Tobacco Dependence Program  
 317 George Street, Suite 210, New Brunswick, NJ 08901

Complete application form with check made out to **UMDNJ-SPH, TDP** for correct amount. Mail to above address.

PLEASE CIRCLE ONE: I am:	A Professional from a New Jersey School	A Professional from a NJ Organization or Treatment Facility	A Professional from Out of State
Training Dates	NJ Schools (Space Limited)	Non-School NJ Participants	Out of State Participants
___ <b>October 15 &amp; 16, 2007*</b>	*Additional training day required. <b>NO CHARGE</b>	<b>\$200</b>	<b>\$400</b>
___ <b>January 9 &amp; 10, 2008*</b>	*Additional training day required. <b>NO CHARGE</b>	<b>\$200</b>	<b>\$400</b>
___ <b>July 28-30, 2008*</b>	*Additional training day required. <b>\$100 + Retreat Center Fee (\$170)</b>	<b>\$200 + Retreat Center Fee (\$170)</b>	<b>\$400 + Retreat Center Fee (\$170)</b>

Please PRINT clearly.

Name \_\_\_\_\_

Degrees/Certifications \_\_\_\_\_ Title: \_\_\_\_\_

Name of School/Facility: \_\_\_\_\_

Department: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Extension: \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

**HOME INFORMATION:** Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

**Emergency Contact:** Name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

1	Do you have experience working with teens? ___ Yes ___ No	If Yes, how many years? _____ years
2	Do you have experience in addiction counseling? ___ Yes ___ No	If Yes, how many years? _____ years
3	Do you work in a school? ___ Yes ___ No	If yes, what grades does your school service? Grade _____ through Grade _____
4	Have you ever used another Youth Cessation Program? ___ Yes ___ No	If Yes, indicate name of program/curriculum below:
5	How did you hear about Youth Quit2Win?	

