

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 High Schools	Non-School NJ Participants	Out of State Participants
October 16 & 17, 2008	NO CHARGE	\$200	\$400

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?	