



## How to conduct Tobacco Treatment in Groups Program

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Degrees/Certifications \_\_\_\_\_ Job Title \_\_\_\_\_

Organization \_\_\_\_\_

Address  Home  Work \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

(Please write your email address clearly)

**Cancellation Policy:** If you cancel your registration 2 weeks prior to the course, your fee is refundable less a \$50 processing charge. **After that date NO refunds will be given.** Substitutions must be approved by the course director. There will be a \$50 fee charged for each substitution.

**Cost: \$150:** \* \$\_\_\_\_\_

Check appropriate box and indicate date of attendance.  April \_\_\_\_\_ 20\_\_\_\_\_  
 June \_\_\_\_\_ 20\_\_\_\_\_  
 September \_\_\_\_\_ 20\_\_\_\_\_

Complete this form and make check payable to: **UMMS Continuing Education** and send to:  
UMass Medical School  
Office of Continuing Medical Education  
S4-124  
55 Lake Ave. North  
Worcester, MA 01655

\* Call the registrar's office at 508-856-1671 if you do not receive confirmation of registration within 2 weeks of mailing your registration form.