



Tobacco Treatment Specialist (TTS) Core Training

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 for Basic Skills Online Course: 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.**

Cost: MA Residents **\$850**; Non MA Residents **\$1000**: * \$ _____

Check appropriate box to receive CEUs: RN CHES Mental Health Counselors Social Worker
 Substance Abuse Counselor General Certificate of Completion

Pre-requisite: Basic Skills for Working with Smokers – Date(s) taken/scheduled _____

4-day classroom session: (Please check which dates you will attend)

- April 23 - 26, 2012.....Please register by April 2, 2012 for the Spring session!
- September 17 - 20, 2012Please register by August 27, 2012 for the Fall session!

To register by mail complete this form and make check payable to: **UMMS Continuing Education** and send to:
UMMS Office of Continuing Education

222 Maple Avenue
Shrewsbury, MA 01545 or Fax to: 508-856-6838

To register and pay by credit card, please fill in the information below or call **508-856-5499** to pay over the phone.



Credit Card (circle one) _____
 Cardholder name (printed) _____
 Card # _____ Expiration Date _____
 Signature _____

*** Call the registrar’s office at 508-856-1671 if you do not receive confirmation of registration within three business days of registering.**