



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.