



Registration Form for Quit Tobacco Program

If you would like to register for class you may register one of three ways:
call: 602-372-7272,
e-mail form to: tamifreed@mail.maricopa.gov
or fax to: 602-372-8499
(Attention: Tami Freed)

Please print legibly if form is faxed

1. Name: _____ DOB: ___/___/___

2. Address: _____

City, State, Zip: _____

3. Phone: Home _____ Work _____ Cell _____
Email: _____

4. How many years have you smoked? _____ Have you been to a class before? Yes / No

5. How many cigarettes a day do you smoke? _____ Type: cigarette / cigar / pipe / chew

6. When was your most recent attempt to quit? _____

7. How long were you quit for at that attempt? _____ hours / days / months / years

8. How soon after you wake up do you have your first cigarette? _____

9. Are there other smokers in the household? Yes / No _____
(spouse/child/roommate/partner/etc.)

10. Location of class: _____

Thank you!
Maricopa County Tobacco Use Prevention Program