



Helping you breathe easier.

Tobacco Treatment Specialist Certification Training

Course: September 13-17, 2010

Registration Form

Print and enclose with payment

Name: _____

Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Check: Please send payment to address below

Credit Card Number: _____

Expiration Date: _____ Amount: _____

Early registration (by August 17th) \$450

Late registration (after August 17th) \$500

Send completed form and payment information to:

The Breathing Association

1520 Old Henderson Rd.

Columbus, Ohio 43220

Fax: 614-457-3777