



Helping you breathe easier.

Tobacco Treatment Specialist Certification Training Course:

February 28 - March 4, 2011

Registration Form

Print and enclose with payment

Name: _____

Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

To receive certification you must attend all 5 days. If you are certified and need additional CEU's, you can register for ½ day, or whole days.

Please indicate which days you will be attending: (Place a check by the days)

Monday Tuesday Wednesday Thursday Friday

Check: Please send payment to address below.

Whole Day: \$75 by January 7th (\$80 after January 7th)

½ Day: \$35 by January 7th (\$40 after January 7th)

Complete 5 Day Course: \$450 by January 7th (\$500 after January 7th)

Credit Card Number: _____

Expiration Date: _____ Total Amount: _____

Send completed form and payment information to:

The Breathing Association
1520 Old Henderson Rd.
Columbus, Ohio 43220
Fax: 614-457-3777