



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: lydiageorge@mail.maricopa.gov,
or fax to 602-372-8499
(Attention: Lydia George)*

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