

# Freedom From Smoking

 AMERICAN LUNG ASSOCIATION®

FFS Facilitator Training  
Friday, May 28th 2010 (8am-4pm)

**Location:** TBA (Gulf Coast Area- Once your registration is received  
and location determined you will be notified via email)

**Registration Deadline: May 24th**

## FAX-BACK REGISTRATION FORM

*Please print or type.*

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization/Business: \_\_\_\_\_ **Email:** \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Daytime phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Why do you want to become a Freedom From Smoking® Facilitator?  
\_\_\_\_\_  
\_\_\_\_\_

What is your prior experience with the Freedom From Smoking® Clinic Program?  
\_\_\_\_\_  
\_\_\_\_\_

How many FFS Group Clinics do you plan to conduct within the next year? \_\_\_\_\_

Have you been smoke-free for at least a year? \_\_\_\_\_

Special dietary requirements: \_\_\_\_\_

\*Registration fee: \$150 (\*Registration fee includes program materials, breakfast and lunch)

**PLEASE FAX THIS FORM TO THE NUMBER LISTED BELOW OR EMAIL TO  
aellis@alams.org.**

**PLEASE MAIL CHECK (payable to ALA) TO:** ALA of Mississippi  
Attn: Amy Ellis  
PO Box 2178  
Ridgeland, MS 39158  
Phone: (601) 206-5810  
Fax: (601) 206-5813

**Credit Card Payment:**  Visa  MC Card # \_\_\_\_\_  
Exp. Date \_\_\_\_\_ Name on Card \_\_\_\_\_

You will receive an email confirmation including an agenda & directions. If you do not receive a confirmation by Wednesday, May 26th, please call Amy Ellis at the number above.