

Enrollment Confirmation for Smoking Cessation Program

Date: [Insert Date]

Dear [Participant's Name],

We are pleased to inform you that you have successfully enrolled in our Smoking Cessation Program. This program is designed to provide you with the support and resources you need to quit smoking and lead a healthier life.

Your journey towards a smoke-free life will begin on [Start Date]. Please find below the details of the program:

- **Program Duration:** [Duration]
- **Location:** [Venue/Platform]
- **Schedule:** [Days/Times]
- **Contact Person:** [Name and Contact Information]

We encourage you to prepare for the program by setting a quit date and considering your personal reasons for quitting. Our team will be there to support you every step of the way.

If you have any questions or need further assistance, please do not hesitate to reach out to us at [Contact Information].

We look forward to seeing you soon!

Sincerely,

[Your Organization's Name]