

# Enrollment Confirmation for Smoking Cessation Program

Date: \_\_\_\_\_

Participant Name: \_\_\_\_\_

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

City, State, ZIP: \_\_\_\_\_

Dear [Participant's Name],

We are pleased to confirm your enrollment in our Smoking Cessation Program. This program is designed to support you on your journey to becoming smoke-free.

## Program Details:

- **Start Date:** \_\_\_\_\_
- **Duration:** \_\_\_\_\_ weeks
- **Location:** \_\_\_\_\_
- **Time:** \_\_\_\_\_

Please make sure to attend the first session, where we will cover important topics and provide you with resources to help you succeed. If you have any questions, feel free to contact us at [Contact Information].

We look forward to supporting you on your path to a healthier, smoke-free life!

Sincerely,

[Your Name]

[Your Title]

[Organization Name]

[Contact Information]