

Notification of Enrollment

Dear [Participant's Name],

We are pleased to inform you that you have been successfully enrolled in our Smoking Cessation Workshop scheduled to begin on [Start Date]. This program aims to support you in your journey towards a smoke-free life.

Workshop Details:

- **Date:** [Start Date]
- **Time:** [Start Time] - [End Time]
- **Location:** [Venue/Online Platform Link]
- **Duration:** [Number of Sessions]

Please prepare for the workshop by [any preparatory action, e.g., completing pre-workshop surveys or bringing necessary materials]. We encourage you to reach out to us if you have any questions or need further assistance.

We commend you for taking this significant step towards better health, and we look forward to supporting you throughout this process.

Best regards,
[Your Name]
[Your Title]
[Organization Name]
[Contact Information]