

Registration for Smoking Cessation Initiative

Date: _____

To Whom It May Concern,

I am writing to express my interest in the Smoking Cessation Initiative. I understand the importance of this program in helping individuals like myself to quit smoking and improve overall health.

Please find my details below:

- **Name:** _____
- **Address:** _____
- **Phone Number:** _____
- **Email:** _____
- **Current Smoking Status:** _____

I am committed to participating in the sessions provided and following the outlined program to the best of my abilities.

Thank you for considering my application. I look forward to your positive response.

Sincerely,

Signature