

Registration Form for **N-O-T** Facilitators

Name _____

Title or Position _____

School/Community group _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number _____

Fax _____

E-mail address _____

Do you currently use tobacco in any form? _____

Have you in the past? _____

If yes, how long ago? _____

Previous experience in tobacco education? _____

Previous experience working with/facilitating groups of teens?

If you work at a school or youth center, rate the level of your tobacco enforcement from 1 (not at all) to 5 (policy really works) _____

Does your school conduct an Alternative to Suspension program for tobacco violations? _____

How many times a year do you plan to conduct the N-O-T program? _____

When do you plan to do your first program? _____