



CCI Community Cessation Initiative
Licking, Knox & Perry Counties

Name _____

Phone Number _____

Home Address _____

City, State, Zip _____

Email Address _____

Preferred Contact Method (*circle one*): Phone Email Mail

How did you hear about us? _____

I consent to have my contact information shared with CCI and to be contacted by a CCI representative

Signature

Date

Please return this form to Tori Ivan and Casey Pitcock
Fax: (740) 349-6625 | Phone: (740) 755-4532 | CCI@lickingcohealth.org