

Session Dates and Times

Session Name	Date	Time
Session 1: Thinking About Quitting		
Session 2: On the Road to Freedom		
Session 3: Wanting to Quit		
Session 4: Quit Day		
Session 5: Winning Strategies		
Session 6: The New You		
Session 7: Staying Off		
Session 8: Celebration		

Location: _____

Facilitator: _____

Contact Information: _____

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