

## **Global Network for Tobacco Free Healthcare Services Registration form**

Please complete the following form in order to access the GN website and online audit tool. Complete your details in <u>English only</u>.

## Healthcare service details

Membership type (tick one)	<ul> <li>Member of a National / Regional network</li> <li>Single member</li> <li>Network coordinating organisation</li> </ul>
National / Regional network name (N/A for Single members)	
Name of health service	
Address	
Country	
Year joined your Regional / National Network	

## **Contact details**

First name	
Last name	
Job Title	
Contact phone number	
Email	

Please email your completed registration form to the Global Network Coordinating Center (<u>info@tobaccofreehealthcare.org</u>)

A website login will be provided to you. Please allow 5-7 days for processing.