

Resource Request Form

1-800-Quit Now | 1-800-784-8669 | <https://QuitNowVirginia.org/>

Contact Information (Please Print)

Name _____

Organization Name _____

Physical Mailing address _____

City _____, Virginia Zip _____

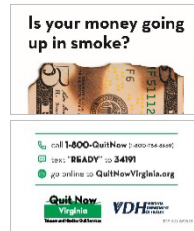
Phone number _____ Email address _____

Do your services work with: Behavioral Health _____ Clinical/Medical _____ Youth _____
 Business/Worksite _____ Academic _____ Other _____

Please email completed forms to QuitNowVA@vdh.virginia.gov



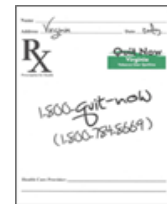
YOUR QUIT JOURNEY
 Brochure (100 max)
 Quantity: _____
 Flyer (20 max)
 Quantity: _____
 Poster (3 max)
 Quantity: _____



UP IN SMOKE
 Business Cards (50 max)
 Quantity: _____
 Flyer (10 max)
 Quantity: _____
 Poster (3 max)
 Quantity: _____



SPANISH
 Quit Now Brochure (50 max)
 Quantity: _____
 Poster (3 max)
 Quantity: _____



Quit Now Referral Note Pad (5 max)
 Quantity: _____



Behavioral Health
 Patient Brochure (50 max)
 Quantity: _____
 Provider's Guide (5 max)
 Quantity: _____



Vape Free VA
 Postcard- half sheet (50 max)
 Quantity: _____



Joint VFVA and QNV flyer
 (50 max)
 Quantity: _____



Check Boxes for Additional Information on:

- Becoming a Quitline Referral site
- Becoming a Tobacco Free Worksite
- Hosting a Tobacco Control related presentation
- Connecting with a local or state tobacco coalition
- Connecting with your Tobacco Control Regional Coordinator