



A tobacco-free education program for kids from  
the American Academy of Family Physicians

## Presenter Form

**You must enter this information online in order to receive credit.**  
**[http://www.msafp.org/register\\_tarwars.asp](http://www.msafp.org/register_tarwars.asp)**

Presenter's Name: \_\_\_\_\_

Date of Presentation: \_\_\_\_\_

Profession of Presenter:

_____ Classroom Teacher	_____ Nurse	_____ Dentist
_____ Physician Assistant	_____ Health Educator	_____ Respiratory Therapist
_____ Family Physician	_____ Resident	_____ Medical Student
_____ Nursing Student	_____ Other (please specify) _____	

Presenter's Email address: \_\_\_\_\_

Elementary School's Name: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

Teacher's Email Address: \_\_\_\_\_

School's Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

School's Phone: \_\_\_\_\_ County of School: \_\_\_\_\_

# of 4<sup>th</sup> grade students: \_\_\_\_\_ # of 5<sup>th</sup> grade students: \_\_\_\_\_

**Comments** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



MISSISSIPPI ACADEMY OF  
FAMILY PHYSICIANS  
**F O U N D A T I O N**