

**(Press release for upcoming classes. Send to local newspapers and radio stations about three week before first class. Print on stationery of sponsoring organization.)**

**CONTACT: (your name, phone number)**

**FOR RELEASE**

**(Date)**

**(SPONSORING ORGANIZATION) OFFERS**

**FREE SMOKING CESSATION PROGRAM**

**YOUR CITY, State** – The (sponsoring organization) is sponsoring a free Cooper/Clayton Method to Stop Smoking program for the public beginning (date).

Led by trained facilitators, the Cooper/Clayton Method is a comprehensive 13-week group support program that uses proven methods to help people stop smoking. The program involves nicotine replacement products (gum, patches and lozenges), education sessions, and group support.

Participants will learn how to choose the nicotine replacement product best suited for them and how to remain tobacco-free through nutrition, exercise and other strategies. Classes are free, but participants pay for the nicotine replacement products.

Classes are being held on (day of the week) from (time) to (time) at the (facility, address). To obtain more information or to register, call (xxx) xxx-xxxx, ext. xxx. Walk-ins are welcome.

**##**