

Tobacco Retail License Training Registration Form

Do you need help with translation?

For free translation, contact us at 503-988-4163 or hlth.tobacco.prevention@multco.us

¿Necesita servicios de traducción?

Para recibir una traducción gratuita, contáctenos en al 503-988-4163 o escriba a hlth.tobacco.prevention@multco.us.

한국어 번역이 필요하시다고요?

503-988-4163 번으로 전화하시거나 hlth.tobacco.prevention@multco.us 로 연락하시면 무료로 번역 서비스를 받으실 수 있습니다.

Quý vị có cần trợ giúp bản dịch?

Để nhận được bản dịch miễn phí, liên hệ chúng tôi theo số 503-988-4163 hoặc hlth.tobacco.prevention@multco.us.

是否需要翻译帮助?

如需免费翻译服务, 请联系我们, 电话: 503-988-4163 或电子邮件: hlth.tobacco.prevention@multco.us。

Ma u baahan tahay in laga caawiyo turjumida?

Wixii la xiriira turjumaad lacag la'aan ah, nagala soo xiriir 503-988-4163 ama hlth.tobacco.prevention@multco.us.

Вам нужна помощь с переводом?

Чтобы получить бесплатный перевод, свяжитесь с нами по тел. 503-988-4163 или по эл. почте hlth.tobacco.prevention@multco.us.

Do you need an interpreter? Please indicate which language you will need interpretation services in: _____

Please check the box for a session that you would be able attend:

Session #1

Date/Time: Monday, October 1st, at 10:30am-12:30pm

Location: Midland Library, 805 SE 122nd Ave, Portland, OR 97233

Personal Contact Information

Full Name: _____
Preferred phone number to contact: _____
Preferred email address to contact: _____
Preferred mailing address to send documents: _____
City: _____ Zipcode: _____

Is this a mandatory training or a voluntary training for you? (Check one).

- Mandatory Voluntary

What is your race or origin? (Mark as many boxes as appropriate.)

- African Latino/Hispanic Native Hawaiian or Pacific Islander Black/African/American
 Slavic Middle Eastern Asian Native American or Alaska Native White Decline to answer

Preferred Language:

- English Korean Chinese Russian Somali Spanish Vietnamese other

Are you (check one):

- an owner an employee other: _____

Tobacco Retail Owner/Employee Information

Tobacco Retail License Number: _____

Name of your store: _____

Address of your store: _____

The city where your store is located:

- Portland Gresham Maywood Park Fairview Wood Village Troutdale

The zip code where your store is located: _____

You can send this back to us by:

1. Mail:

847 NE 19th Ave.
Suite 350
Portland, OR 97232

2. E-mail:

hlth.tobacco.prevention@multco.us