



We're making videos to spread the word. We want to make sure you are heard! Using the script below, record your quit story and submit your video to vapersvoice.ca or send it to our [Facebook page](#) and we will make sure your story is heard.

My Name is ____

I live in ____ (city/province)

I am ____ years old

I smoked for ____ years

I quit smoking using vapor products and have vaped for ____ years

I am currently vaping ____ flavour

If Health Canada restricts my access to flavoured vapor_____

Please do not vape in the video or show any vape products in your hand or in the background.

SEND A LETTER TO YOUR MP | tobaccokills.ca

This initiative is supported by: The Canadian Vaping Association | North American Vapor Alliance | Flavour Art Distro