♦ **The Maine Medical Association** ♦ **The Maine Osteopathic Association** ♦
Welcomes you to the 125th Maine Legislature

DOCTOR OF THE DAY PROGRAM 2012

Join your colleagues who have served as the "Doctor of the Day"* at the Maine State Legislature. Established in 1997, the program is well respected and legislators are enthusiastic about it. Volunteering as the "Doctor of the Day" gives you a better sense of legislators' perception of the medical profession, the importance of developing a relationship with your legislators, and an opportunity to promote the medical profession among the State's leaders.

Sen. Thomas Saviello and Amy Madden, MD

Serving as the "Doctor of the Day," you will be greeted warmly by the legislators and you also have the option to enroll your child(ren) to serve as a Page at the same time!

Your Presence at the Maine Legislature is a critical element of the MMA's grassroots contacts program.

Barbara Moss, DO with her son Luke Gerard Moss Bartol and Rep. Dennis Keschl

**As the "Doctor of the Day," you are provided with a beeper to respond to any health care issues that may arise with legislators, staff, or the public. You need to arrive at the State House by 9 am (times may vary) with session ending around the noon hour. The MMA works diligently to secure a "Doctor of the Day" for each day the legislature is in session from January through the end of the session, June or April, depending upon the year. When you are a confirmed "Doctor of the Day," the State House staff will mail you a confirmation letter with detailed information and a parking permit. If you have additional questions prior to participating, please don't hesitate to contact the MMA legislative staff.*

Name _____ ☐ MD ☐ DO

Residential Address _____
street city

Mailing Address (if different from above) _____
street city

Daytime Phone _____ Cell Phone _____ Email _____

Preferred Day(s) of the Week To Participate _____

Best Dates, January to April To Participate _____

I practice _____ medicine at _____
specialty hospital(s)/practice

☐ My child(ren) would like to serve as page(s). (Age 7 or above)
Name Age School

_____

_____

Please direct questions and return form to
Maine Medical Association • 30 Association Drive • PO Box 190 Manchester, ME 04351 • 207-622-3374 • 207-622-3332 (fax) • docoftheday@mainemed.com