

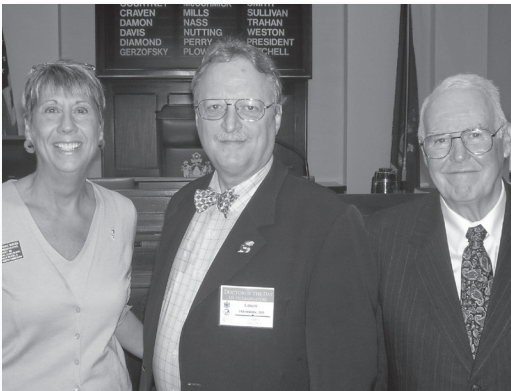
DOCTOR OF THE DAY PROGRAM 2010

The *only* program that welcomes you to the
Maine House of Representatives and the Maine State Senate

Sign Up to Participate Now!

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 promoting the medical profession among the State’s leaders.

**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 usually need to arrive at the State House by 9am (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 MMA legislative staff. In 2009, the program was able to secure physicians as Doctor of the Day 48 out of 55 days!*



**Your presence at the Maine
Legislature is a critical element of the
MMA’s grassroots contacts program.**

Serving as the “Doctor of the Day,” you are
greeted enthusiastically by the legislators
and you also have the option to enroll your
child(ren) to serve as a Page at the same time!



Yes! I would like to sign up for Doctor of the Day!

Name _____ MD DO

Residential Address _____
street city

Mailing Address (if different from above) _____
street city

Daytime Phone _____ Email _____

Preferred Day(s) of the Week _____

Best Dates, January to April _____

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

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