

# ANGER MANAGEMENT WORKSHOP APPLICATION

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Phone Work: \_\_\_\_\_  
Home: \_\_\_\_\_  
(star the preferred location for contact)

Email Work: \_\_\_\_\_  
Home: \_\_\_\_\_  
(star the preferred location for contact)

Check one:  
Self-referred: \_\_\_\_\_  
Hospital referred: \_\_\_\_\_

If hospital referred, fill out following section:  
Hospital Affiliation (1) \_\_\_\_\_  
Hospital Affiliation (2) \_\_\_\_\_  
Referring Hospital: \_\_\_\_\_  
Person responsible for payment: \_\_\_\_\_  
Note: This person will receive your Certificate of Completion, unless  
otherwise specified.

Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\* Payment for Anger Management Workshops must be paid fully in advance  
of participation in workshop.

Method of Payment: \_\_\_\_\_ Payment by referring hospital  
\_\_\_\_\_ Personal payment by check  
Make check and mail to:  
DocExecutive  
1115 Intervale Road  
New Gloucester, Maine 04260

Location where you will attend Anger Management Workshop:  
\_\_\_\_\_ Bangor, Maine (begins February 1, 2005)  
\_\_\_\_\_ Portland, Maine (begins February 2, 2005)