

PHYSICIAN SUPPORT PROGRAM CONFIDENTIAL REGISTRATION

Name _____

Address _____

Please indicate how you prefer to be contacted:

Phone _____

Email _____

Program(s) you wish to attend:

- Malpractice Support
- Balancing Medicine with Life
- Fatherhood and Medicine
- Motherhood and Medicine
- Staying in Medicine

Location nearest you:

- Portland
- Augusta
- Bangor

- Each program is \$850. for 8 sessions.
- Payment must be received before attendance at Program.
- You will be notified when a group has been formed and where your group will meet.

Please make check payable to:
DocExecutive

Please mail to:
DocExecutive
1115 Intervale Road
New Gloucester, Maine 04260