

OFFICE OF LEGISLATIVE SERVICES – LEGISLATIVE CLINIC DOCTOR OF THE DAY PROGRAM
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Registration Form – 2013 Regular Legislative Session

Name (Please indicate MD or DO)	
Mailing Address	
City, State, Zip	
Telephone Number	
Fax Number	
E-Mail Address	
Medical Specialty	
I prefer to serve in the	_____ HOUSE _____ SENATE
* I will be sponsored by:	*State Senator _____ *State Representative _____
Date Preferences: (Day, Date, Year)	First Choice _____ Second Choice _____ Third Choice _____

*** You MUST contact your legislator to request sponsorship prior to serving.**

Please return to the:
 Office of Legislative Services
 Attention: Mavis Knight
 Room 874, Claude Pepper Building
 111 West Madison Street
 Tallahassee, FL 32399-1400

Telephone: (850) 717-0301
 Fax: (850) 414-1909