



Presents

THE PHYSICIANS

Name: _____

Title: _____

Business: _____

Address: _____

City, State, Zip: _____

Contact Number(s): _____

Best days and time to contact you: _____

_____ I would like to sponsor this program.

_____ I would like to make appearances on this program.

_____ I would like to support this program.

_____ I would like to be in the audience of this program.

_____ I do not want to support this program.

Comment: _____
