



Scuba Diver Registration Form

1321 SE Decker Ave Stuart, FL 34994
 Phone: 888-778-9073 Fax: 877- 436-7096
 Email worldhq@tdisdi.com www.tdisdi.com

Method of Payment

AMEX , MasterCard , Visa , Check or Money Order Make Checks Payable to International Training

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Exp. Date:

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Signature:

Course: Check only ONE course per diver registration form

- | | |
|---|---|
| <input type="checkbox"/> Open Water Scuba Diver | <input type="checkbox"/> Junior Open Water Scuba Diver |
| <input type="checkbox"/> Specialty (Please specify): | <input type="checkbox"/> Rescue Diver |
| <input type="checkbox"/> Advanced Scuba Diver (list four specialties below) | <input type="checkbox"/> Master Scuba Diver (list four specialties below) |

_____, _____, _____, _____

CERTIFICATION FEE: C-Card Only* C-Card and Certificate* (refer to current price list)

All diver c-cards & certificates are sent directly to the facility or student

Print name as it is to appear on C-Card	Complete mailing address (include City, State and Postal code)	Phone number E-mail address
DOB (mm/dd/yyyy):		
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Course Completion Date (mm/dd/yy):	2 nd Inst./Asst. by: _____ #: _____
<input type="checkbox"/> Freshwater Max training depth: <input type="checkbox"/> Saltwater Metres <input type="checkbox"/> Feet <input type="checkbox"/>	Location/Facility:
Instructor's SDI #:	Facility Number:
Instructor Name:	Ship To Address: Facility <input type="checkbox"/> Student (s) <input type="checkbox"/>
I certify that the above named students have completed the SDI training course indicated and have reached the proficiency level required by SDI Standards before issuing these certifications. In addition, I agree to void all cards not issued within six months.	Instructor Signature (Required on each Form) _____ Date Signed _____