



Technical 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"/> Intro to Tech
<input type="checkbox"/> Nitrox
<input type="checkbox"/> Advanced Nitrox
<input type="checkbox"/> Decompression Procedures
<input type="checkbox"/> Extended Range
<input type="checkbox"/> Advanced Wreck
<input type="checkbox"/> Trimix
<input type="checkbox"/> Advanced Trimix
<input type="checkbox"/> Sidemount
<input type="checkbox"/> Other (Please specify): | <input type="checkbox"/> Rebreather (specify: _____)
<input type="checkbox"/> Air diluent (30 m / 100 ft)
<input type="checkbox"/> Air diluent Deco (45 m / 150 ft)
<input type="checkbox"/> Mixed gas (60 m / 200 ft)
<input type="checkbox"/> Advanced mixed gas (100 m / 330 ft)
<input type="checkbox"/> Nitrox Gas Blender
<input type="checkbox"/> Advanced Gas Blender
<input type="checkbox"/> O ₂ Service Technician
<input type="checkbox"/> Cavern
<input type="checkbox"/> Intro to Cave
<input type="checkbox"/> Cave |
|---|---|

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

All diver c-cards & certificates are sent directly to the instructor or facility. Additional shipping outside of U.S.

Print name as it is to appear on C-Card	Complete mailing address (include City, State and Zip Code)	Phone number E-mail address
DOB (mm/dd/yyyy):		
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DOB (mm/dd/yyyy):		
DOB (mm/dd/yyyy):		

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 Name:	Facility Number:
Instructor's TDI #:	Ship To Address: Facility <input type="checkbox"/> Student (s) <input type="checkbox"/> Instructor <input type="checkbox"/>
I certify that the above named students have completed the TDI training course indicated and have reached the proficiency level required by TDI 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 _____