



Divemaster 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 TDI)

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Exp. Date:

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Signature: _____

Certificates & cards are sent directly to the instructor or facility. Additional shipping outside of U.S. Certification Fee: Refer to current price list

Current SDI Divemaster # _____

Print Name As It Is To Appear On Certification Card _____

DOB (mm/dd/yyyy): _____

Complete Mailing Address (including City, State and Zip Code) _____

Phone Number _____

E-mail Address _____

Course Completion Date (mm/dd/yy): _____

2nd Inst./Asst. by: _____

#: _____

Freshwater Max training depth:
 Saltwater Meter Feet

Location/Facility: _____

Instructor's TDI #: _____

Facility Number: _____

Instructor Name: _____

Ship To Address: _____

Facility Instructor

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