



Instructor 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:
- | | | |
|--|--|---|
| <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"/> Cavern | <input type="checkbox"/> Nitrox Gas Blender | <input type="checkbox"/> Advanced Gas Blender |
| <input type="checkbox"/> O ₂ Service Technician | <input type="checkbox"/> Rebreather (specify): _____ | |
| <input type="checkbox"/> Air Diluent (30m/100ft) | | |
| <input type="checkbox"/> Air Diluent Deco (45m/150ft) | | |
| <input type="checkbox"/> Mixed Gas (60m/200ft) | | |
| <input type="checkbox"/> Advanced Mixed Gas (100m/330ft) | | |
| <input type="checkbox"/> Sidemount | | |

Other Specialty (Please specify): _____

(Please print or type. Use a separate form for each level and type of payment.)

Certificates & cards are sent directly to the instructor or facility. Additional shipping outside of U.S.

Certification Fee: *
 *Refer to current price list

Instructor Upgrade Fee: *
 Specify Upgrade Rating: _____

Current Instructor Number (if upgrading):
 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 Metre Feet

Facility Name:

Instructor's TDI #:

Facility Number:

Instructor Name:

Ship To Address:
 Facility Instructor Trainer 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 _____