



Instructor Registration Form

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

Method of Payment

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

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Exp. Date:

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"/> Sidemount | <input type="checkbox"/> Helitrox Deco Procedures |
| <input type="checkbox"/> Advanced Trimix | | |
- Rebreather (specify): _____
- Air Diluent (30m/100ft)
 - Air Diluent Deco (45m/150ft)
 - Helitrox (45m/150ft)
 - Mixed Gas (60m/200ft)
 - Advanced Mixed Gas (100m/330ft)
- 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

Location/Facility:

Instructor Trainer's TDI #:

Facility Number:

Instructor Trainer 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 Trainer Signature (Required on each Form) Date Signed