



# Scuba Diver Registration Form

1045 NE Industrial Blvd Jensen Beach, FL 34957  
 Phone: 888-778-9073 Fax: 877- 436-7096  
 Email [worldhq@tdisdi.com](mailto:worldhq@tdisdi.com) www.tdisdi.com

## Method of Payment

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Exp. Date:

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

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<br>E-mail address |
|---|--|--------------------------------|
| DOB (mm/dd/yyyy):                       |  |                                |
| DOB (mm/dd/yyyy):                       |  |                                |
| DOB (mm/dd/yyyy):                       |  |                                |
| DOB (mm/dd/yyyy):                       |  |                                |

Course Completion Date (mm/dd/yy):

2<sup>nd</sup> Inst./Asst. by:

#:

- Freshwater    Max training depth:  
 Saltwater    Metres  Feet

Facility Name:

Instructor's SDI #:

Facility Number:

Instructor Name:

Ship To Address:

Facility  Student (s)

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