



# Instructor Registration Form

1321 SE Decker Ave Stuart, Fl 34994  
Phone: 888-778-9073 Fax: 877-436-7096  
Email [worldhq@tdisdi.com](mailto:worldhq@tdisdi.com) 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 <sub>2</sub> 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):

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

#:

Freshwater Max training depth:  
 Saltwater Metre  Feet

Facility Name:

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