

PART 1:

Return Card to: Dive Centre Referring Dive Centre/Resort Referring Instructor Instructor Student

Instructor: _____ Instructor Number: _____

Dive Center/Resort Number: S- _____

Student Certification Level: _____ Certification Date:

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<input type="checkbox"/> Jan	<input type="checkbox"/> May	<input type="checkbox"/> Sep
<input type="checkbox"/> Feb	<input type="checkbox"/> Jun	<input type="checkbox"/> Oct
<input type="checkbox"/> Mar	<input type="checkbox"/> Jul	<input type="checkbox"/> Nov
<input type="checkbox"/> Apr	<input type="checkbox"/> Aug	<input type="checkbox"/> Dec

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Day Year

Certification Country: _____ Certification State: _____

Certification Zip/Postal Code: _____ Is this a Referral: Yes No

Referral Dive Center/Resort Number: S- _____ Is this a Pre-Registration: Yes No

Referral Instructor Number: _____

PART II:

Student Name: _____
First Middle Initial Last

Student Mailing Address 1: _____

Student Mailing Address 2: _____

Country: _____

City: _____

State: _____

Zip/Postal Code: _____

Home Phone Number: _____

Email Address: _____
required for processing

I do not wish to receive marketing related mailings from PADI

I choose to receive mailings from PADI Partners, such as Project AWARE and selected third parties

Date of Birth:

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<input type="checkbox"/> Jan	<input type="checkbox"/> May	<input type="checkbox"/> Sep
<input type="checkbox"/> Feb	<input type="checkbox"/> Jun	<input type="checkbox"/> Oct
<input type="checkbox"/> Mar	<input type="checkbox"/> Jul	<input type="checkbox"/> Nov
<input type="checkbox"/> Apr	<input type="checkbox"/> Aug	<input type="checkbox"/> Dec

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Day Year

Sex: M F



SPECIAL OFFER
Receive a Project AWARE version of your certification card with a donation of \$10 or more.

Yes, I would like to support ocean protection through my enclosed donation for the Project AWARE version of my certification card

\$10 \$25 \$50 Other _____

PAYMENT METHOD

American Express Discover Card

MasterCard Visa

Amount \$ _____ Card Expiration Date _____

Card No. _____

Cardholder Name _____

 