


# WORKSHEET ONLY!



# DO NOT SEND TO PADI!

<b>Part I:</b>	
• Return Card to: <input type="radio"/> Dive Center <input type="radio"/> Referring Dive Center/Resort <input type="radio"/> Instructor <input type="radio"/> Student	
• Instructor:	
• Instructor Number:	
Dive Center/Resort Number: <b>S-</b>	
• Student Certification Level:	• Certification Date: _____ Year                      Month                      Day
• Certification Country	• Certification State:
• Certification Zip/Postal Code:	• Is this a Referral:
• Referral Dive Center/Resort Number: <b>S-</b>	• Is this a Pre-registration:

<b>Part II:</b>	
• Student Name: First _____ Middle Initial _____ Last _____	
• Student Mailing Address 1:	
• Student Mailing Address 2:	
• Country	
• City:	State:
• Zip Postal Code:	
• Home Phone:	
• Email Address:	
• Date of Birth: _____ Year                      Month                      Day	
• Sex	



### SPECIAL OFFER

Receive a Project AWARE version of your certification card with a donation of £5 or more.

Yes, I would like the Project AWARE version of my certification card, and my donation is enclosed. The Project AWARE Foundation supports programs beneficial to the environment, such as research, ecological cleanups and public environmental education programs.

£5    £10    £25    £50    Other \_\_\_\_\_

**PAYMENT METHOD**

American Express    Discover Card    MasterCard    VISA

Amount £ \_\_\_\_\_ Card Expiration Date \_\_\_\_\_

Card No. \_\_\_\_\_

Cardholder Name \_\_\_\_\_  
Please Print

