

PART 1:

Return Card to: ☐ Dive Center ☐ Referring Dive Center/Resort ☐ Referring Instructor ☐ Instructor ☐ Student

Instructor: _____ Instructor Number: _____

Dive Center/Resort Number: S- _____

Student Certification Level: _____ Certification Date:

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<input type="radio"/> Jan	<input type="radio"/> May	<input type="radio"/> Sep
<input type="radio"/> Feb	<input type="radio"/> Jun	<input type="radio"/> Oct
<input type="radio"/> Mar	<input type="radio"/> Jul	<input type="radio"/> Nov
<input type="radio"/> Apr	<input type="radio"/> Aug	<input type="radio"/> 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: _____

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

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Day Year

Sex: ☐ M ☐ F



SPECIAL OFFER

Receive your limited edition 25th Anniversary 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 _____

☐



☐

Please Print

