

WORKSHEET ONLY!



**DO NOT SEND
TO PADI!**

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:

Jan May Sep
 Feb Jun Oct
 Mar Jul Nov
 Apr Aug Dec

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: _____



SPECIAL OFFER

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

Student Mailing Address 2: _____

Country: _____

City: _____

State: _____

Zip/Postal Code: _____

Home Phone Number: _____

Email Address: _____

required for processing

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 _____



Date of Birth: Day Year

Sex: M F