



Emergency First Response Instructor Trainer course 2018 January - May

		Registration Deadline	Fee*			Registration Deadline	Fee*
<input type="checkbox"/>	Düsseldorf, Germany 20 January 2018 Language: German	13 January 2018	EUR 517	<input type="checkbox"/>	Athens, Greece 01 April 2018	23 March 2018	EUR 517
<input type="checkbox"/>	Düsseldorf, Germany 20 January 2018 Language: English	13 January 2018	EUR 517	<input type="checkbox"/>	Sliema, Malta 17 April 2018	09 April 2018	EUR 517
<input type="checkbox"/>	Bristol, UK 20 February 2018	13 February 2018	£417	<input type="checkbox"/>	Warsaw, Poland 24 April 2018 Language: Polish	17 April 2018	EUR 517
<input type="checkbox"/>	Barcelona, Spain 26 February 2018 Language: Spanish	19 February 2018	EUR 517	<input type="checkbox"/>	Oslo, Norway 06 May 2018 Language: Norwegian	27 April 2018	£417
<input type="checkbox"/>	Jeddah, Saudi Arabia 10 March 2018 Language: Arabic	03 March 2018	£417	<input type="checkbox"/>	Stockholm, Sweden 13 May 2018	04 May 2018	£417
<input type="checkbox"/>	Simon's Town (Cape Town), South Africa 17 March 2018	03 March 2018	£417	<input type="checkbox"/>	Lanzarote, Spain 30 May 2018	23 May 2018	EUR 517
<input type="checkbox"/>	Peniche, Portugal 28 March 2018 Language: Portuguese	21 March 2018	EUR 517				

All scheduled events are subject to a minimum number of registrations by the deadline date

* Applicable VAT will be added where required

Prior to teaching, you will need to purchase the EFR Instructor Course Lesson Guides (not included in the Course Fee)

Programmes are conducted in English except where noted

To be eligible for the Emergency First Response Instructor Trainer Course, you must meet the following prerequisites:

- Be an active Emergency First Response Primary Care/Secondary Care and Care for Children Instructor
- Have issued 25 Completion Cards or taught at least 5 courses
- Have no verified quality assurance issues in the past 12 months

Registration Form (PLEASE PRINT OR TYPE)

Name _____

Member No. _____ Phone _____

Email address _____

Return scan copy to id.emea@padi.com

PAYMENT METHOD:

Mastercard Visa American Express

Card Number _____

Expiration Date _____

Cardholder Name _____

Authorized Signature _____