



Emergency First Response Instructor Trainer course 2018 June - December

		Registration Deadline	Fee*			Registration Deadline	Fee*
<input type="checkbox"/>	Copenhagen, Denmark 17 June 2018	10 June 2018	EUR 517	<input type="checkbox"/>	St Raphael, France 29 September 2018 Language: French	22 September 2018	EUR 517
<input type="checkbox"/>	Santa Margherita, Italy 17 June 2018 Language: Italian	10 June 2018	EUR 517	<input type="checkbox"/>	Jeddah, Saudi Arabia 13 October 2018	06 October 2018	£417
<input type="checkbox"/>	Limassol, Cyprus 24 June 2018	18 June 2018	EUR 517	<input type="checkbox"/>	Dubai, UAE 25 October 2018	18 October 2018	£417
<input type="checkbox"/>	Eindhoven, Netherlands 24 June 2018	18 June 2018	EUR 517	<input type="checkbox"/>	Aguilas, Spain 26 October 2018 Language: Spanish	18 October 2018	EUR 517
<input type="checkbox"/>	Bristol, UK 10 September 2018	03 September 2018	£417	<input type="checkbox"/>	Lecco, Italy 03 November 2018 Language: Italian	27 October 2018	EUR 517
<input type="checkbox"/>	Male, Maldives 22 September 2018	15 September 2018	EUR 517	<input type="checkbox"/>	Sliema, Malta 10 November 2018	03 November 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 _____