

PART 1:Return Card to: ☐ Dive Center ☐ Referring Dive Center/Resort ☐ Instructor ☐ Student

Instructor: _____ Instructor Number: _____

Dive Center/Resort Number: S- _____

Student Certification Level: _____ Certification Date:

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Day

<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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Year

Certification Country: _____ Certification State: _____

Certification Zip/Postal Code: _____ Is this a Referral: ☐ Yes ☐ NoReferral Dive Center/Resort Number: S- _____ Is this a Pre-Registration: ☐ Yes ☐ No**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: _____

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 a 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 _____

