Emergency First Response Instructor Trainer course 2016

		Registration Deadline	Fee*			Registration Deadline	Fee*
❑	Dusseldorf, Germany 21 January 2017 **Language: GERMAN**	14 January 2017	**EUR 512**	❑	Jeddah, Saudi Arabia 22 July 2017	15 July 2017	**£405**
❑	Bristol, UK 27 February 2017	20 February 2017	**£405**	❑	Bristol, UK 11 September 2017	4 September 2017	**£405**
❑	Barcelona, Spain 28 February 2017 **Language: SPANISH**	21 February 2017	**EUR 512**	❑	Eilat, Israel 19 September 2017	12 September 2017	**£405**
❑	Athens, Greece 2 April 2017	27 March 2017	**£405**	❑	Malé, Maldives 22 September 2017	15 September 2017	**EUR 512**
❑	Krakow, Poland 9 April 2017	2 April 2017	**EUR 512**	❑	St Raphael, France 30 September 2017 **Language: FRENCH**	23 September 2017	**EUR 512**
❑	Oslo, Norway 7 May 2017	30 April 2017	**£405**	❑	Dubai, UAE 26 October 2017	19 October 2017	**£405**
❑	Lanzarote, Canary Island 28 May 2017	21 May 2017	**EUR 512**	❑	Aguilas, Spain 27 October 2017 **Language: SPANISH**	20 October 2017	**EUR 512**
❑	Ustica, Italy 23 June 2017	16 June 2017	**EUR 512**	❑	Lecco, Italy 4 November 2017 **Language: ITALIAN**	28 October 2017	**EUR 512**
❑	Limassol, Cyprus 25 June 2017	18 June 2017	**EUR 512**	❑	Sliema, Malta 11 November 2017	4 November 2017	**EUR 512**
❑	Eindhoven, Netherland 25 June 2017	18 June 2017	**EUR 512**				

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 <u>in English except where noted</u>

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

PAYMENT METHOD:

□ Mastercard □ Visa □ American Express

Card Number   _____

Expiration Date   _____

Cardholder Name   _____

Authorized Signature   _____