



Emergency First Response Instructor Trainer Course 2020 June - December

		Registration Deadline	Fee*			Registration Deadline	Fee*
<input type="checkbox"/>	Lausanne, Switzerland 7 June 2020 Language: French	30 May 2020	£450 EUR 550 CHF 595	<input type="checkbox"/>	Moscow, Russia 27 September 2020 Language: Russian	20 September 2020	£450 EUR 550 CHF 595
<input type="checkbox"/>	Helsinki, Finland 7 June 2020	30 May 2020	£450 EUR 550 CHF 595	<input type="checkbox"/>	Jeddah, Saudi Arabia 10 October 2020	3 October 2020	£450 EUR 550 CHF 595
<input type="checkbox"/>	Bern, Switzerland 14 June 2020 Language: German	7 June 2020	£450 EUR 550 CHF 595	<input type="checkbox"/>	Lecco, Italy 31 October 2020 Language: Italian	24 October 2020	£450 EUR 550 CHF 595
<input type="checkbox"/>	Poznan, Poland 24 July 2020 Language: Polish	10 July 2020	£450 EUR 550 CHF 595	<input type="checkbox"/>	Kuwait City, Kuwait, 01 November 2020	27 October 2020	£450 EUR 550 CHF 595
<input type="checkbox"/>	Bristol, UK 8 September 2020	1 September 2020	£450 EUR 550 CHF 595	<input type="checkbox"/>	Kas, Turkey 15 November 2020 Language: Turkish	8 November 2020	£450 EUR 550 CHF 595
<input type="checkbox"/>	Sharm El Sheikh, Egypt 8 September 2020	1 September 2020	£450 EUR 550 CHF 595	<input type="checkbox"/>	Veenendal, Netherlands 15 November 2020	8 November 2020	£450 EUR 550 CHF 595

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 _____