



STUDENT REGISTRATION FORM

IANTD JORDAN P.O Box 1972 Aqaba 77110 Jordan
 Phone: +96788096333 E-mail: MemberServices@IANTD-jordan.com

IANTD USE ONLY:

Date Processed: _____ **Invoice #:** _____ **Initials:** _____

Certification Level:

First Name: _____ Last Name: _____ M _____ Birth Date: _____
 Sex: F _____ City/Town: _____
 Mailing Address: _____
 State/Province: _____ Zip Postal _____ Country: _____
 E-Mail: _____ Diver Number: _____

First Name: _____ Last Name: _____ M _____ Birth Date: _____
 Sex: F _____ City/Town: _____
 Mailing Address: _____
 State/Province: _____ Zip Postal _____ Country: _____
 E-Mail: _____ Diver Number: _____

First Name: _____ Last Name: _____ M _____ Birth Date: _____
 Sex: F _____ City/Town: _____
 Mailing Address: _____
 State/Province: _____ Zip Postal _____ Country: _____
 E-Mail: _____ Diver Number: _____

First Name: _____ Last Name: _____ M _____ Birth Date: _____
 Sex: F _____ City/Town: _____
 Mailing Address: _____
 State/Province: _____ Zip Postal _____ Country: _____
 E-Mail: _____ Diver Number: _____

Assisting Instructors / Divemasters Name and Number

1. _____ 2. _____ 3. _____

Course Start Date:

Course Completion Date:

IANTD Facility Name:

Facility Number:

Course Location:

My Name and PIN Number below electronically certify all the above named students will have completed the program listed above and reached the proficiency level required by the IANTD Standards before the cards are issued. Additionally, I agree to void and return any un-issued cards.

Instructor Name:

Number:

PIN:

Instructor or Facility Address
 For Certification Card Shipping: