



Emergency First Response Instructor Trainer Course 2019 January - May

		Registration Deadline	Fee*			Registration Deadline	Fee*
<input type="checkbox"/>	Paris, France 15 January 2019 Language: French	8 January 2019	EUR 527	<input type="checkbox"/>	Johannesburg, South Africa 24 March 2019	17 March 2019	£434
<input type="checkbox"/>	Düsseldorf, Germany 19 January 2019 Language: German	12 January 2019	EUR 527	<input type="checkbox"/>	Lisbon, Portugal 31 March 2019 Language: Portuguese	17 March 2019	EUR 527
<input type="checkbox"/>	Bristol, UK 19 February 2019	12 February 2019	£434	<input type="checkbox"/>	Athens, Greece 31 March 2019	24 March 2019	EUR 527
<input type="checkbox"/>	Warsaw, Poland 28 February 2019 Language: Polish	21 February 2019	£434	<input type="checkbox"/>	Aiguablava, Spain 14 April 2019 Language: Spanish	7 April 2019	EUR 527
<input type="checkbox"/>	Sliema, Malta 9 March 2019	2 March 2019	EUR 527	<input type="checkbox"/>	Hurghada, Egypt 21 April 2019	14 April 2019	£434
<input type="checkbox"/>	Jeddah, Saudi Arabia 9 March 2019 Language: Arabic	2 March 2019	£434	<input type="checkbox"/>	Dubai, UAE 29 April 2019	22 April 2019	£434
<input type="checkbox"/>	Mauritius 14 March 2019	3 March 2019	£434	<input type="checkbox"/>	Tenerife, Spain 24 May 2019	17 May 2019	EUR 527
				<input type="checkbox"/>	Lanzarote, Spain 29 May 2019	22 May 2019	EUR 527

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 _____