



Emergency First Response Instructor Trainer Course 2019 June - December

		<i>Registration Deadline</i>	<i>Fee*</i>			<i>Registration Deadline</i>	<i>Fee*</i>
<input type="checkbox"/>	Stockholm, Sweden 2 June 2019	26 May 2019	£434	<input type="checkbox"/>	St Raphael, France 28 September 2019 Language: French	21 September 2019	EUR 527
<input type="checkbox"/>	Helsinki, Finland 9 June 2019	2 June 2019	EUR 527	<input type="checkbox"/>	Cabo de Palos, Spain 8 October 2019 Language: Spanish	1 October 2019	EUR 527
<input type="checkbox"/>	Copenhagen, Denmark 16 June 2019	9 June 2019	EUR 527	<input type="checkbox"/>	Jeddah, Saudi Arabia 12 October 2019	5 October 2019	£434
<input type="checkbox"/>	Bern, Switzerland 16 June 2019 Language: German	9 June 2019	570 CHF	<input type="checkbox"/>	Lecco, Italy 2 November 2019 Language: Italian	26 October 2019	EUR 527
<input type="checkbox"/>	Eindhoven, Netherlands 23 June 2019	16 June 2019	EUR 527	<input type="checkbox"/>	Bergen, Norway 3 November 2019	27 October 2019	£434
<input type="checkbox"/>	Bristol, UK 9 September 2019	2 September 2019	£434	<input type="checkbox"/>	Kuwait City, Kuwait, 3 November 2019 Language: Arabic / English	27 October 2019	£434
<input type="checkbox"/>	Dahab, Egypt 16 th of September 2019	9 September 2019	£434				

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 _____