Course Registration Form
Divers Alert Network
Diver Medical Technician (DMT) Course

___September 12-17, 2010 ____ April 3-8, 2011 ____ September 11-16, 2011
(waiting list)

(Please print or type)

Name:_____
First M.I. Last

Home Address:_____

City_____ State_____ Zip code_____

Telephone: (___)_____ (___)_____
Home Cell

FAX (__)_____ E-mail_____

I am willing to share a hotel room_____ I am employed as a _____

Indicate desired options and fill in total:

- ☐ Course: $800/person
- ☐ DAN Instructor/Instructor Trainer: $250/person (day following the course)

Total $_____

Application Requirements:

1. Completed application and payment
2. Copy of highest level diving certification
3. Copy of healthcare provider license/certification (EMT-B or higher)

Make check or money order payable to **DAN DMT Course**
For Credit Card Payment - <u>Only</u> these cards accepted: **MasterCard, Visa, American Express and Discover**

Credit Card Account # _____V Code_____
Exp. Date_____ (3 digit # on back of card)
Issued in Name of _____
Signature _____ Date _____

Total Amount Enclosed: $_____

Fax to (919) 493-3456 or,
Mail registration form and check to: DAN Education
6 W. Colony Place
Durham, NC 27705

In the event that sufficient persons are not secured for the course, the right is reserved to cancel the course and refund of course fee monies will release Divers Alert Network of any further obligation. Divers Alert Network is not responsible for any cancellation or travel itinerary change fees assessed by the hotel, airlines or travel agents.