



Project Dive Exploration

FRC Registration

Personal Information			
FIRST NAME	MI	LAST NAME	
STREET ADDRESS			
CITY	STATE	ZIP	COUNTRY
DAY PHONE	EVENING PHONE	FAX	DAN MEMBER? <input type="checkbox"/> No <input type="checkbox"/> Yes (# _____)
DATE OF BIRTH	SEX <input type="checkbox"/> M <input type="checkbox"/> F	E-MAIL ADDRESS	

Certifications			
SCUBA	FIRST AID	OXYGEN	CPR
Agency	Organization	Organization	Organization
Highest Level	Expires	Expires	Expires

Equipment Available
DIVE COMPUTERS
DIVE COMPUTER INTERFACES

Affiliation (if applicable)			
NAME OF STORE/CHARTER/RESORT/LIVE-ABOARD/CENTER			
STREET ADDRESS			
CITY	STATE	ZIP	COUNTRY
DAY PHONE	EVENING PHONE	FAX	DAN SPONSOR? <input type="checkbox"/> No <input type="checkbox"/> Yes (# _____)

Office Use Only			
FRC CODE	COURSE DATE	COURSE LOCATION	INSTRUCTOR

Return this form by mail to: Divers Alert Network – Research Dept.
 6 West Colony Place
 Durham, NC 27705
 By FAX: (919) 490-6630

YOU CAN ALSO REGISTER DIRECTLY FROM OUR WEBSITE AT:
<http://www.diversalertnetwork.org/research/projects/pde/FRCregistration.asp>