



Deputy Sheriff's Association of Michigan
and
Dive Rescue International
Present

Interspiro Technician Training

A One-Day Training Seminar on Friday, February 15, 2008

This course is designed to give you the tools to repair, maintain, and complete annual service on your department's Interspiro Divator MK II (AGA) full face masks. Technicians who complete this training program will be certified by Interspiro to perform annual service and field maintenance.

Location: Troy Hilton Hotel, 5500 Crooks Road, Troy, Michigan 48098. **Lodging available at the Troy Hilton Hotel for \$75.00 per night, Taxes not included.** To reserve accommodations, phone 248.879.2100.

Agenda:

7:00 a.m. – 8:00 a.m. Registration & Continental Breakfast

8:00 a.m. – 5:00 p.m. Seminar Topics (*Certificates will be issued after session.*):

Communication Modules
Parts Inspection, Repair, & Replacement
Adjustment and Troubleshooting
Positive Pressure v. Demand Valve

Converting from Demand to Positive Pressure
Testing with the Interspiro Mini Test Kit
Annual Service
GILL Maintenance

Attendees must bring the following materials to the Training Seminar:

- Interspiro Divator MK II Mask
- Interspiro Mini Test Kit (one per department, three students can work from one test kit.)
- 11.4 L Tupperware dish tub (1 per student)
- 1 scuba tank per 4 students, with first stage regulator, pressure gauge, and hose for Interspiro Mask

Contact Dive Rescue International, 800.248.3483, to obtain

Mini Test Kit, \$145. Dive Rescue's Annual Service Kit is recommended, Part #300, \$91.25.

Registration & Course Fee: \$215 per attendee (Includes Tuition, Full Continental Breakfast, Luncheon Buffet, and Break Refreshments.) **SPACE IS LIMITED TO 20 PARTICIPANTS. Registration & Payment Due January 15, 2008.** Mail registration to 120 N. Washington Sq., Suite 110A, Lansing, MI 48933, or fax to 517.371.1170. Registration is limited to three attendees per agency until January 1, 2008. Additional registrants from agencies may be accepted after January 1 if space is available.

Cancellation Policy: Cancellations received more than 3 weeks before the training date will receive a full refund; 8-21 days before the training date, 50% refund; 0-7 days before the training date, no refund.

Attendee Name _____

Attendee Name _____

Attendee Name _____

Waiting List _____

Waiting List _____

Department _____

Address _____

City/State/Zip _____

Contact Person: _____

Make checks payable to DSAM, or:

Charge to my	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Discover
Credit Card#	Expires Month/year _____/____		

Amount (\$215 Each)	\$ _____		

Dept. Phone _____

Contact Phone: _____

Questions? Phone Theresa Lark at the DSAM Office, 517.702.2697, or e-mail lark.t@gcsionline.com