2015 Course Registration Form

PLEASE INDICATE YOUR COURSE DATES

Hyperbaric Medicine Team Training / Wound Care Course
Tuition for both HMTT & WCC: $1200

Hyperbaric Medicine Team Training (HMTT - 4 ½ days) $975			The Wound Care Course (WCC – 1 ½ days) $250		
☐	January	12-16 (M-F)	☐	January	16-17 (F-Sat)
☐	February	16-20 (M-F)	☐	February	20-21 (F-Sat)
☐	March	23-27 (M-F)	☐	March	27-28 (F-Sat)
☐	April	13-17 (M-F)	☐	April	17-18 (F-Sat)
☐	May	4-8 (M-F)	☐	May	8-9 (F-Sat)
☐	June	1-5 (M-F)	☐	June	5-6 (F-Sat)
☐	July	13-17 (M-F)	☐	July	17-18 (F-Sat)
☐	August	17-21 (M-F)	☐	August	21-22 (F-Sat)
☐	September	14-18 (M-F)	☐	September	18-19 (F-Sat)
☐	October	12-16 (M-F)	☐	October	16-17 (F-Sat)
☐	November	2-6 (M-F)	☐	November	6-7 (F-Sat)
☐	December	7-11 (M-F)	☐	December	11-12 (F-Sat)

Hyperbaric Safety Director Course / Acrylics

Safety Director Course (SD – 3 days) $495			Acrylics Course (AC – ½ day) $125		
☐	March	16-18 (M-W)	☐	March	19 (Th)
☐	June	8-10 (M-W)	☐	June	11 (Th)
☐	October	19-21 (M-W)	☐	October	22 (Th)

Hyperbaric Facility Maintenance: Module 1 & 2

Module 1 (1.5 days) $375 (appropriate for all users)			Module 2* (1 day) $150 (appropriate for multiplace users)		
☐	March	19-20 (Th-Fri)	☐	March	21 (Sat)
☐	June	11-12 (Th-Fri)	☐	June	13 (Sat)
☐	October	22-23 (Th-Fri)	☐	October	24 (Sat)

*Module 1 required to register for Module 2

Hyperbaric Medicine Team Training for Animal Applications

Hyperbaric Medicine Team Training for Animal Applications (HMTT AA - 4.5 days) $975		
☐	April	13-17 (M-F)
☐	November	2-6 (M-F)

If you are completing this form for the participant

Name: _____

Phone Number: _____

Email: _____

Submit Registration Form & Fee To:

International ATMO, Inc.
Education Department
414 Navarro, Suite 502
San Antonio, Texas 78205
(210) 614-3688 • FAX (210) 223-4864
education@hyperbaricmedicine.com

FOR OFFICE USE ONLY

Payment:	☐ Cash ☐ Check ☐ Credit Card
Entered:	Check # :

Participant Information

Email: →→(Must have email address to register)←←

Full Name: _____

Credentials: _____

Name on Name Badge _____

License State & #: _____

Specialty: _____

Nurse Unique ID: Birth month and day (MMDD) _____

CHT/CHRN #: _____

Mailing Address: _____

City, State, Zip: _____

Country: _____

Home Phone: _____

Work Phone: _____

Name of Wound Healing/Hyperbaric Center where you work: _____

City, State: _____

Hospital Affiliation: _____

Management Company: _____

Position / Title: _____

Hotel where you are staying: _____

Payment Information

Make checks payable to International ATMO, Inc. A $50.00 administrative fee will be retained from all cancelled registrations.

Method of Payment: ☐ Cash ☐ Check ☐ Credit Card

Credit Card: ☐ AX ☐ VISA ☐ MC ☐ Dis

Discount Code if Applicable: _____

Amount Enclosed: $ _____

Credit Card Information (*Must have for credit card transactions)

*Credit Card Number: _____

*Expiration Date: _____

*Customer Name: _____

*Billing Street Address: _____

*City, State, Zip: _____

*Country: _____

*Signature: _____

If someone other than the registrant is paying the tuition, please complete the information below.

Who will pay: _____

Contact Person: _____

Phone Number: _____

Email: _____