2017 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	9-13	(M-F)	☐ January	13-14	(F-Sat)
☐ February	13-17	(M-F)	☐ February	17-18	(F-Sat)
☐ March	6-10	(M-F)	☐ March	10-11	(F-Sat)
☐ April	3-7	(M-F)	☐ April	7-8	(F-Sat)
☐ May	15-19	(M-F)	☐ May	19-20	(F-Sat)
☐ June	5-9	(M-F)	☐ June	9-10	(F-Sat)
☐ July	17-21	(M-F)	☐ July	21-22	(F-Sat)
☐ August	14-18	(M-F)	☐ August	18-19	(F-Sat)
☐ September	11-15	(M-F)	☐ September	15-16	(F-Sat)
☐ October	16-20	(M-F)	☐ October	20-21	(F-Sat)
☐ November	6-10	(M-F)	☐ November	10-11	(F-Sat)
☐ December	11-15	(M-F)	☐ December	15-16	(F-Sat)

Hyperbaric Safety Director Course / Acrylics

Safety Director Course (SD – 3 days) $495			Acrylics Course (AC – ½ day) $125		
☐ January	16-18	(M-W)	☐ January	19	(Th)
☐ June	12-14	(M-W)	☐ June	15	(Th)
☐ September	18-20	(M-W)	☐ September	21	(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)		
☐ January	19-20	(Th-Fri)	☐ January	21	(Sat)
☐ June	15-16	(Th-Fri)	☐ June	17	(Sat)
☐ September	21-22	(Th-Fri)	☐ September	23	(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	
☐	TBA

If you are completing this form for the participant

Name: _____

Phone Number: _____

Email: _____

Submit Registration Form & Fee To:

International ATMO, Inc.
Education Department
405 N. St. Mary's, Suite 720
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: _____