2020 Course Registration Form

PLEASE INDICATE YOUR COURSE DATES

Hyperbaric Medicine Team Training / Wound Care Course

	Hyperbaric Medicine Team Training (HMTT - 4 ½ days) $975		The Wound Care Course (WCC – 1 ½ days) $250
☐	ONLINE September 14-18 (M-F)	☐	ONLINE September 18-19 (F-Sat)
☐	ONLINE October 5-9 (M-F)	☐	ONLINE October 9-10 (F-Sat)
☐	November 9-13 (M-F)	☐	November 13-14 (F-Sat)
☐	December 7-11 (M-F)	☐	December 11-12 (F-Sat)

Hyperbaric Safety Director Course / Acrylics

	Safety Director Course (HSD – 3 days) $495		Acrylics Course (AC – ½ day) $125
☐	ONLINE October 12-14 (M-W)	☐	ONLINE October 15 (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)
☐	ONLINE October 15-16 (Th-Fri)	☐	ONLINE October 17 (Sat)

*Module 1 required to register for Module 2

UHM Board Recertification Review Course

	UHM Board Recertification Review Course (UHM - 1 day) $500		Hyperbaric Medicine Team Training for Animal Applications (HMTT AA - 4.5 days) $975
☐	To be determined		To be determined

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 participant email address to register)←←

Full Name: _____

Credential (MD, RN, etc.): _____

Name for Name Badge _____

Physicians: State: _____ License #: _____

Nurses (RN, LPN, LVN): State: _____ License #: _____

Certified Hyperbaric Tech: CHT #: _____

Home Mailing Address: _____

City, State, Zip: _____

Country: _____

Mobile 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: ☐ Amex ☐ VISA ☐ MC ☐ Disc

Discount Code (if applicable): _____

Amount Enclosed: $ _____

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

*Credit Card Number: _____

*Expiration Date: _____ CVV: _____

*Name on Card: _____

*Billing 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: _____