Registration Form

Physician ☐ Other ☐

Last Name First Name Middle Initial

Address

City State Zip

Country

Work Phone Home Phone

Fax Number e-Mail

Company/Hospital Affiliation

MD ☐ RN ☐ Respiratory Therapist ☐ HBO Tech ☐ Diving Tech ☐ Administrator ☐ Other ☐

ACHM ○ Commercial Diver/Military ○ Sport Scuba ○ EMT ○ Paramedic ○ IBUM ○

Credit Card Number **(Visa or MasterCard only)**

Card Expiration Date

Course Date

Course Fee $995.00

Cancellation: All cancellations must be made in writing.
A $25 administration fee will be retained for all cancellations.

Please DO NOT send credit card information by email.

After completing the registration form,
please PRINT out and mail to:

Hyperbarics International, Inc.
522-A Caribbean Drive
Key Largo, Florida, 33037

OR

FAX to: 1-305-451-5785