



## 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**