



2018 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 1/2 days) \$975			The Wound Care Course (WCC - 1 1/2 days) \$250		
January	8-12	(M-F)	January	12-13	(F-Sat)
February	12-16	(M-F)	February	16-17	(F-Sat)
March	5-9	(M-F)	March	9-10	(F-Sat)
April	9-13	(M-F)	April	13-14	(F-Sat)
May	7-11	(M-F)	May	11-12	(F-Sat)
June	11-15	(M-F)	June	15-16	(F-Sat)
July	16-20	(M-F)	July	20-21	(F-Sat)
August	13-17	(M-F)	August	17-18	(F-Sat)
September	10-14	(M-F)	September	14-15	(F-Sat)
October	15-19	(M-F)	October	19-20	(F-Sat)
November	5-9	(M-F)	November	9-10	(F-Sat)
December	3-7	(M-F)	December	7-8	(F-Sat)

Hyperbaric Safety Director Course / Acrylics

Safety Director Course (SD - 3 days) \$495			Acrylics Course (AC - 1/2 day) \$125		
January	15-17	(M-W)	January	18	(Th)
May	14-16	(M-W)	May	17	(Th)
September	17-19	(M-W)	September	20	(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	18-19	(Th-Fri)	January	20	(Sat)
June	17-18	(Th-Fri)	June	19	(Sat)
September	20-21	(Th-Fri)	September	22	(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	
To Be Announced	

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

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: _____

FOR OFFICE USE ONLY

Payment:	<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
Entered:	Check # : _____		