

# 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 ½ days) \$975			The Wound Care Course (WCC - 1 ½ 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 (HSD - 3 days) \$495			Acrylics Course (AC - ½ 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

## UHM Board Recertification Review Course

UHM Board Recertification Review Course (UHM - 1 day) \$500		
February	24	(Sat)

## 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](mailto: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: ☐ Cash ☐ Check ☐ Credit Card

Entered: \_\_\_\_\_ Check #: \_\_\_\_\_