



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 (HSD - 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)
May	17-18	(Th-Fri)	May	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		Hyperbaric Medicine Team Training for Animal Applications (HMTT AA - 4.5 days) \$975	
February 24, 2018	(Sat)	February 12-16, 2018	

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: Cash Check Credit Card

Entered: _____ Check #: _____