



# 2019 Course Registration Form

**PLEASE INDICATE YOUR COURSE DATES**

## Hyperbaric Medicine Team Training / Wound Care Course

Hyperbaric Medicine Team Training (HMTT - 4 1/2 days) \$975			The Wound Care Course (WCC - 1 1/2 days) \$250		
January	7-11	(M-F)	January	11-12	(F-Sat)
February	4-8	(M-F)	February	8-9	(F-Sat)
March	4-8	(M-F)	March	8-9	(F-Sat)
April	8-12	(M-F)	April	12-13	(F-Sat)
May	13-17	(M-F)	May	17-18	(F-Sat)
June	3-7	(M-F)	June	7-8	(F-Sat)
July	15-19	(M-F)	July	19-20	(F-Sat)
August	12-16	(M-F)	August	16-17	(F-Sat)
September	9-13	(M-F)	September	13-14	(F-Sat)
October	14-18	(M-F)	October	18-19	(F-Sat)
November	4-8	(M-F)	November	8-9	(F-Sat)
December	9-13	(M-F)	December	13-14	(F-Sat)

## Hyperbaric Safety Director Course / Acrylics

Safety Director Course (HSD - 3 days) \$495			Acrylics Course (AC - 1/2 day) \$125		
January	14-16	(M-W)	January	17	(Th)
June	10-12	(M-W)	June	13	(Th)
September	16-18	(M-W)	September	19	(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	17-18	(Th-Fri)	January	19	(Sat)
June	13-14	(Th-Fri)	June	15	(Sat)
September	19-20	(Th-Fri)	September	21	(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 23, 2019	(Sat)	February 4-8, 2019	(M-F)

## 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: \_\_\_\_\_ \*CVV Code: \_\_\_\_\_

\*Name on Card: \_\_\_\_\_

\*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 # : _____		