



2023 Course Registration Form

Until further notice, courses will be conducted online

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			
Jan	9-13	(Mon-Fri)		Jan	13-14	(Fri-Sat)	
Feb	6-10	(Mon-Fri)		Feb	10-11	(Fri-Sat)	
Mar	6-10	(Mon-Fri)		Mar	10-11	(Fri-Sat)	
Apr	10-14	(Mon-Fri)		Apr	14-15	(Fri-Sat)	
May	8-12	(Mon-Fri)		May	12-13	(Fri-Sat)	
Jun	5-9	(Mon-Fri)		Jun	9-10	(Fri-Sat)	
Jul	10-14	(Mon-Fri)		Jul	14-15	(Fri-Sat)	
Aug	7-11	(Mon-Fri)		Aug	11-12	(Fri-Sat)	
Sep	11-15	(Mon-Fri)		Sep	15-16	(Fri-Sat)	
Oct	16-20	(Mon-Fri)		Oct	20-21	(Fri-Sat)	
Nov	13-17	(Mon-Fri)		Nov	17-18	(Fri-Sat)	
Dec	11-15	(Mon-Fri)		Dec	15-16	(Fri-Sat)	

Hyperbaric Safety Director Course / Acrylics

Safety Director Course (HSD- 3 days) \$495				Acrylics Course			
Jan	23-25	(Mon-Wed)		TBD			
May	22-24	(Mon-Wed)					
Sep	25-27	(Mon-Wed)					

Hyperbaric Facility Maintenance: Module 1 & 2

Module 1		Module 2*	
	TBD		TBD

*Module 1 required to register for Module 2

If you are completing this form for the participant

Name: _____
 Phone Number: _____
 Email: _____

Submit Registration Form & Fee To:

International ATMO, Inc.
 Education Department
 105 S. St. Mary's, Suite B1
 San Antonio, Texas 78205
 (210) 614-3688 • FAX (210) 223-4864
education@hyperbaricmedicine.com

Participant Information

Email: _____

→→(Must have participant email address to register)←←

Full Name: _____
 Credential (MD, RN, etc.): _____
 Name for Name Badge: _____
 Physicians: State: _____ License #: _____
 Nurses (RN, LPN, LVN): State: _____ License #: _____
 Certified Hyperbaric Tech: CHT #: _____
 Mailing Address: _____
 City, State, Zip: _____
 Country: _____
 Mobile Phone: _____
 Work Phone: _____

Name of Wound Healing/Hyperbaric Center where you work: _____
 City, State: _____
 Hospital Affiliation: _____
 Management Company: _____
 Position / Title: _____

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: Amex VISA MC Disc
 Discount Code (if applicable): _____
 Amount Enclosed: \$ _____

Credit Card Information (*Must have for credit card transactions)

*Credit Card Number: _____
 *Expiration Date: _____ *CVV: _____
 *Name on Card: _____
 *Billing Address: _____
 *City, State, Zip: _____
 *Country: _____

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 # : _____		