



2024 Course Registration Form

Live-streaming (Online): HMTT, WC, HSD, and HFM (Module 1)
In-person (Jacksonville, FL): HFM (Module 2) and Acrylics

Registration deadline is 10 days prior to the course date.

Email or Fax this form to us before the deadline.

PLEASE SELECT YOUR COURSE DATES

Hyperbaric Medicine Team Training / Wound Care Course

Hyperbaric Medicine Team Training (HMTT - 5 days) \$975			The Wound Care Course (WC - 2 days) \$375		
Jan	8-12	(Mon-Fri)			
Feb	19-23	(Mon-Fri)			
Mar	11-15	(Mon-Fri)			
Apr	15-19	(Mon-Fri)			
May	13-17	(Mon-Fri)			
Jun	17-21	(Mon-Fri)	Jun	22-23	(Sat-Sun)
Jul	15-19	(Mon-Fri)			
Aug	19-23	(Mon-Fri)	Aug	24-25	(Sat-Sun)
Sep	9-13	(Mon-Fri)			
Oct	21-25	(Mon-Fri)	Oct	26-27	(Sat-Sun)
Nov	11-15	(Mon-Fri)			
Dec	9-13	(Mon-Fri)	Dec	14-15	(Sat-Sun)

Attendance requirement for HMTT:

I understand the following: (1) I must be visible on camera during lectures; and (2) I cannot be driving or engaged in other activities such as patient care; and (3) I must attend the entire course to complete it.

Hyperbaric Safety Director Course / Acrylics

Safety Director Course (HSD - 3 days) \$495		Hyperbaric Chamber Acrylics (AC - 1 day) \$200	
Jan 29-31	(Mon-Wed)	Jacksonville, FL	**Travel Required**
May 27-29	(Mon-Wed)	Feb 10	(Sat)
Sep 30 - Oct 2	(Mon-Wed)	Oct 12	(Sat)

Hyperbaric Facility Maintenance: Module 1 & 2

Module 1 (HFM1 - 2 days) \$400		Module 2* (HFM2 - 1 day) \$200	
Live-streaming Online		Jacksonville, FL	**Travel Required**
Feb 2-3	(Fri-Sat)	Feb 9	(Fri)
Oct 4-5	(Fri-Sat)	Oct 11	(Fri)

***Module 1 required to register for Module 2**

Payment Information

Make checks payable to International ATMO, Inc.
A \$25.00 administrative fee will be retained from cancelled registrations.

Method of Payment: Cash Check Credit Card
Credit Card: Amex VISA MC Disc
Discount Code (if applicable): _____

Canadian residents will be charged an additional \$35.00 USD for course material shipping.

Amount Enclosed: \$ _____

Credit Card Information (*Required for credit card transactions)

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

FOR OFFICE USE ONLY	
Payment: <input type="checkbox"/> Check <input type="checkbox"/> Credit Card Invoice #:	
Entered: _____ Check #:	

Participant Information

Email: _____
** (Must have participant email address to register) **

Name: _____
As you want it to appear on documents _____
Credential (MD, RN, etc.): _____
As you want it to appear on documents _____
Mobile Phone: _____
Work Phone: _____

Mailing Address
Please provide a HOME address, not a hospital address.
Shipping Address: _____
City, State, Zip/Postal Code: _____
Country: _____
Canadian residents will be charged an additional \$35.00 USD for shipping of course materials.

Physicians (MD, DO, MBBS Only)

This information is necessary for proper reporting of CME credit.
License ID# or NPI: _____ State: _____
Birth Month/Day (MM/DD): _____ (do not include the year)
 I hereby give the UHMS permission to submit my CME credit to the PARS system.

Are you certified by an ABMS specialty board in the United States? Yes No
If "Yes", pick one:
 (ABA) Am Board of Anesthesiology (ABP) Am Board of Pediatrics
 (ABIM) Am Board in Internal Med (ABPath) Am Board of Pathology
 (ABOS) Am Board of Ortho Surgery (ABS) Am Board of Surgery
 (ABOHNS) Am Board of Otolaryngology-Head/Neck Surg (ABTS) Am Board of Thoracic Surg
 -- NOT LISTED --

If your Board is listed above, please give your personal Board ID#: _____

Nurses (including APRN)

This information is necessary to provide CNE credit.
License State/Number: _____ State: _____ License #: _____

CHT/CHS

Select your certification: CHT CHS
Certification #: _____

If you are completing this form for the participant

Name: _____
Phone Number: _____
Email: _____

If someone other than the registrant is paying the tuition, please complete the information below.

Who will pay: _____
Contact Person: _____
Phone Number: _____
Email: _____
P.O. Number: _____

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