



# 2025 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	13-17	(Mon-Fri)			
Feb	10-14	(Mon-Fri)	Feb	15-16	(Sat-Sun)
Mar	10-14	(Mon-Fri)			
Apr	7-11	(Mon-Fri)	Apr	12-13	(Sat-Sun)
May	5-9	(Mon-Fri)			
Jun	16-20	(Mon-Fri)	Jun	21-22	(Sat-Sun)
Jul	7-11	(Mon-Fri)			
Aug	11-15	(Mon-Fri)	Aug	16-17	(Sat-Sun)
Sep	8-12	(Mon-Fri)			
Oct	20-24	(Mon-Fri)	Oct	25-26	(Sat-Sun)
Nov	10-14	(Mon-Fri)			
Dec	8-12	(Mon-Fri)	Dec	13-14	(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 27-29	(Mon-Wed)	Jacksonville, FL	**Travel Required**
May 19-21	(Mon-Wed)	Mar 1	(Sat)
Sep 29 - Oct 1	(Mon-Wed)	Oct 11	(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 21-22	(Fri-Sat)	Feb 28	(Fri)
Oct 3-4	(Fri-Sat)	Oct 10	(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