



# 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

A \$25.00 administrative fee will be retained from cancelled registrations.

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

Discount Code (if applicable): \_\_\_\_\_

### Method of Payment:

- Check (attached)
- Check (please invoice me) PROVIDE INFO BELOW
- Credit Card (please invoice me) PROVIDE INFO BELOW
- Credit Card (call me for info) PROVIDE PHONE NUMBER BELOW

Make checks payable to International ATMO, Inc.

## 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: \_\_\_\_\_  
(if applicable)

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
  - (ABIM) Am Board in Internal Med
  - (ABOS) Am Board of Ortho Surgery
  - (ABOHNS) Am Board of Otolaryngology-Head/Neck Surg
  - (ABP) Am Board of Pediatrics
  - (ABPath) Am Board of Pathology
  - (ABS) Am Board of Surgery
  - (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: \_\_\_\_\_

## 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