

2025 Course Registration Form

HMTT, WC, HSD, and HFM (Module 1) 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

Live-streaming (Online): In-person (Jacksonville, FL):

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)				
Nov	10-14	(Mon-Fri)		Nov	1-2	(Sat-Sun)
Dec	8-12	(Mon-Fri)		Dec	13-14	(Sat-Sun)

Attendance requirement for HMTT:

L 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)		Modu (HFM2 – 1	
Live-streaming Online			**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) Credit Card (please invoice me) Credit Card (call me for info)

Provide Info Below Provide Info Below 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
1	
Payment:	Check 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?
If "Yes", pick one: (ABA) Am Board of Anesthesiology (ABP) Am Board of Pediatrics If "Yes", pick one: (ABIM) Am Board in Internal Med (ABPath) Am Board of Pathology If (ABOS) Am Board of Ortho Surgery (ABS) Am Board of Surgery If (ABOHNS) Am Board of Otolaryngology- (ABTS) Am Board of Thoractic Surgery
Head/Neck Surg NOT LISTED

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

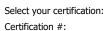
State:

Nurses (including APRN)

This information is necessary to provide CNE credit.

License State/Number:

CHT/CHS



rtification: CHT

🗌 снз

License #:

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