



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 (1pm Central Time)

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) | | | |
| Nov | 10-14 | (Mon-Fri) | Nov | 1-2 | (Sat-Sun) |
| 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:

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