



# 2026 Course Registration Form

Live-streaming (Online):

In-person (Jacksonville, FL):

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

HFM (Module 2) and Acrylics

**Registration deadline is 10 days prior to the course date (12 noon Central Time).**

**Please 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	12-16	(Mon-Fri)			
Feb	2-6	(Mon-Fri)	Feb	7-8	(Sat-Sun)
Mar	9-13	(Mon-Fri)			
Apr	13-17	(Mon-Fri)	Apr	11-12	(Sat-Sun)
May	4-8	(Mon-Fri)			
Jun	8-12	(Mon-Fri)	Jun	13-14	(Sat-Sun)
Jul	13-17	(Mon-Fri)			
Aug	10-14	(Mon-Fri)	Aug	15-16	(Sat-Sun)
Sep	14-18	(Mon-Fri)			
Oct	5-9	(Mon-Fri)	Oct	10-11	
Nov	9-13	(Mon-Fri)			(Sat-Sun)
Dec	7-11	(Mon-Fri)	Dec	12-13	(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	26-28	(Mon-Wed)	Jacksonville, FL **Travel Required **		
Jun	22-24	(Mon-Wed)	Feb	28	(Sat)
Sep	28-30	(Mon-Wed)	Oct	24	(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 20-21	(Fri-Sat)		Feb 27	(Fri)
	Oct 16-17	(Fri-Sat)		Oct 23	(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			
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