



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 (12 noon Central Time).

Please Email or Fax this form to us before the deadline.

PLEASE SELECT YOUR COURSE DATES

Sep 14-18 (Mon-Fri)		dicine Team	ing / Wound Care Course The Wound Care Course		
Feb 2-6 (Mon-Fri) Feb 7-8 (Sat-Sur Mar 9-13 (Mon-Fri) Apr 13-17 (Mon-Fri) Apr 11-12 (Sat-Sur May 4-8 (Mon-Fri) Dun 13-14 (Sat-Sur Jun 8-12 (Mon-Fri) Dun 13-14 (Sat-Sur Jun 8-12 (Mon-Fri) Dun 13-14 (Sat-Sur Jun 13-17 (Mon-Fri) Dun 13-14 (Sat-Sur Jun 13-17 (Mon-Fri) Dun 13-16 (Sat-Sur Sep 14-18 (Mon-Fri) Dun 13-16 (Sat-Sur Sep 14-18 (Mon-Fri) Dun 13-16 (Sat-Sur Duc 7-11 (Mon-Fri) Dec 12-13 (Sat-Sur Duc 7-11 (Mon-Fri) Dec 12-13 (Sat-Sur endance requirement for HMTT: Understand the following: (1) I must be visible on camera during lectures; and (2) not be driving or engaged in other activities such as patient care; and (3) I must atterentire course to complete it. Perbaric Safety Director Course / Acrylics (HSD -3 days) \$495 (AC-1 day) \$200			(W	C – 2 days) :	\$375
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Participant Inform	nation
** (M	ust have participant email address to register) **
Name: As you want it to appear on docur Credential (MD, RN, etc.): As you want it to appear on docur Mobile Phone:	
Work Phone:	
Mailing Address Please provide a HOME addr	ess, not a hospital address.
Shipping Address:	
City, State, Zip/Postal Code	e:
Country:	
Canadian resid	lents will be charged an additional \$35.00 USD for shipping of course materials.
Physicians (MD, DO, Mi This information is necessary	BBS Only) for proper reporting of CME credit.
License ID# or NPI:	State:
Birth Month/Day (MM/DD)	: (do not include the year)
I hereby give t	the UHMS permission to submit my CME credit to the PARS system.
If "Yes", pick one: (ABA). (ABIM) (ABOM) (ABOM) (ABOM)	S specialty board in the United States? Yes No Am Board of Anesthesiology (ABP) Am Board of Pediatrics Am Board in Internal Med (ABPath) Am Board of Pathology Am Board of Ortho Surgery (ABS) Am Board of Surgery INS) Am Board of Otolaryngology- (ABTS) Am Board of Thoractic Surg I/Neck Surg NOT LISTED please give your personal Board ID#:
Nurses (including APRI This information is necessary	•
License State/Number:	State: License #:
CHT/CHS Select your certification: Certification #:	СНТ CHS
If you are complet Name: Phone Number: Email:	ting this form for the participant

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