



# 2026 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 (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) 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:  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?  Yes  No

If "Yes", pick one:  (ABA) Am Board of Anesthesiology  (ABP) Am Board of Pediatrics  
 (ABIM) Am Board in Internal Med  (ABPath) Am Board of Pathology  
 (ABOS) Am Board of Ortho Surgery  (ABS) Am Board of Surgery  
 (ABOHN) Am Board of Otolaryngology-Head/Neck Surg  (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  
 10134 Jandre Place  
 San Antonio, Texas 78213  
 (210) 614-3688 • FAX (210) 223-4864  
 education@hyperbaricmedicine.com