2027 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 this form to us before the deadline

(we recommend you download the fillable PDF, save to your device, then type information on the form)

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	18-22	(Mon-Fri)				
☐	Feb	8-12	(Mon-Fri)	☐	Feb	6-7	(Sat-Sun)
☐	Mar	8-12	(Mon-Fri)				
☐	Apr	12-16	(Mon-Fri)	☐	Apr	10-11	(Sat-Sun)
☐	May	17-21	(Mon-Fri)				
☐	Jun	14-18	(Mon-Fri)				
☐	Jul	19-23	(Mon-Fri)	☐	Jul	17-18	(Sat-Sun)
☐	Aug	16-20	(Mon-Fri)				
☐	Sep	13-17	(Mon-Fri)	☐	Sep	11-12	(Sat-Sun)
☐	Oct	18-22	(Mon-Fri)				
☐	Nov	15-19	(Mon-Fri)				
☐	Dec	13-17	(Mon-Fri)	☐	Dec	11-12	(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 22-24	(Mon-Wed)	Jacksonville, FL ** Travel Required **		
☐	Jun 28-30	(Mon-Wed)	☐	May 1	(Sat)
☐	Sep 27-29	(Mon-Wed)	☐	Nov 6	(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 **		
☐	Apr 23-24	(Fri-Sat)	☐	Apr 30	(Fri)
☐	Oct 29-30	(Fri-Sat)	☐	Nov 5	(Fri)

***Module 1 required to register for Module 2**

If you are completing this form for the participant

Name: _____

Phone Number: _____

Email: _____

Submit Registration Form To:

International ATMO, Inc.
Education Department
10134 Jandre Place
San Antonio, Texas 78213
(210) 614-3688 • FAX (210) 223-4864
education@hyperbaricmedicine.com

FOR OFFICE USE ONLY

Payments: ☐ 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: _____

Country: _____

Canadian residents will be charged an additional $35.00 USD for shipping of course materials.

Physicians (MD/DO only)

This information is necessary for proper reporting of CME credit.

License ID# _____ 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 of Int Med
- ☐ (ABOS) Am Board of Ortho Surg
- ☐ (ABOHNS) Am Board of Otolaryngology - Head/Neck Surg
- ☐ (ABP) Am Board of Pediatrics
- ☐ (ABPath) Am Board of Pathology
- ☐ (ABPM) Am Board of Preventive Med
- ☐ (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 #: _____

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

Make checks payable to International ATMO, Inc.

If someone other than the registrant is paying the tuition, please complete the information below.

P.O. Number:
(if applicable) _____

Who will pay: _____

Contact Person: _____

Phone Number: _____

Email: _____