



2021 Course Registration Form

Jan-May courses will be conducted ONLINE. The rest of the year is undecided.

PLEASE INDICATE YOUR COURSE DATES

Hyperbaric Medicine Team Training / Wound Care Course

Hyperbaric Medicine Team Training (HMTT - 4 1/2 days) \$975			The Wound Care Course (WCC - 1 1/2 days) \$250		
January	4-8	(M-F)	January	8-9	(F-Sat)
February	1-5	(M-F)	February	5-6	(F-Sat)
March	8-12	(M-F)	March	12-13	(F-Sat)
April	12-16	(M-F)	April	16-17	(F-Sat)
May	10-14	(M-F)	May	14-15	(F-Sat)
June	21-25	(M-F)	June	25-26	(F-Sat)
July	12-16	(M-F)	July	16-17	(F-Sat)
August	16-20	(M-F)	August	20-21	(F-Sat)
September	20-24	(M-F)	September	24-25	(F-Sat)
October	18-22	(M-F)	October	22-23	(F-Sat)
November	15-19	(M-F)	November	19-20	(F-Sat)
December	13-17	(M-F)	December	17-18	(F-Sat)

Hyperbaric Safety Director Course / Acrylics

Safety Director Course (HSD - 3 days) \$495			Acrylics Course (AC - 1/2 day) \$125		
January	11-13	(M-W)	January	14	(Th)
May	17-19	(M-W)	May	20	(Th)
September	27-29	(M-W)	September	30	(Th)

Hyperbaric Facility Maintenance: Module 1 & 2

Module 1 (1.5 days) \$375 (appropriate for all users)			Module 2* (1 day) \$150 (appropriate for multiplace users)		
January	14-15	(Th-Fri)	January	16	(Sat)
May	20-21	(Th-Fri)	May	22	(Sat)
Sept/Oct	30-01	(Th-Fri)	October	02	(Sat)

*Module 1 required to register for Module 2

UHM Board Recertification Review Course

UHM Board Recertification Review Course (UHM - 1 day) \$500		
To be determined		

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

Participant Information

Email: _____

→→(Must have participant email address to register)←←

Full Name: _____
 Credential (MD, RN, etc.): _____
 Name for Name Badge: _____
 Physicians: State: _____ License #: _____
 Nurses (RN, LPN, LVN): State: _____ License #: _____
 Certified Hyperbaric Tech: CHT #: _____
 HOME Mailing Address: _____
 City, State, Zip: _____
 Country: _____
 Mobile Phone: _____
 Work Phone: _____
 Name of Wound Healing/Hyperbaric Center where you work: _____
 City, State: _____
 Hospital Affiliation: _____
 Management Company: _____
 Position / Title: _____
 Hotel where you are staying: _____

Payment Information

Make checks payable to International ATMO, Inc. A \$50.00 administrative fee will be retained from all cancelled registrations.

Method of Payment: Cash Check Credit Card
 Credit Card: Amex VISA MC Disc
 Discount Code (if applicable): _____
 Amount Enclosed: \$ _____

Credit Card Information (*Must have for credit card transactions)

*Credit Card Number: _____
 *Expiration Date: _____ CVV: _____
 *Name on Card: _____
 *Billing Address: _____
 *City, State, Zip: _____
 *Country: _____
 Signature: _____

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

Who will pay: _____
 Contact Person: _____
 Phone Number: _____
 Email: _____

FOR OFFICE USE ONLY

Payment:	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card
Entered:	Check # : _____