



2022 Course Registration Form

Until further notice, courses will be conducted online

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			
Jan	17-21	(Mon-Fri)		Jan	21-22	(Fri-Sat)	
Feb	21-25	(Mon-Fri)		Feb	25-26	(Fri-Sat)	
Mar	21-25	(Mon-Fri)		Mar	25-26	(Fri-Sat)	
Apr	11-15	(Mon-Fri)		Apr	15-16	(Fri-Sat)	
May	16-20	(Mon-Fri)		May	20-21	(Fri-Sat)	
Jun	20-24	(Mon-Fri)		Jun	24-25	(Fri-Sat)	
Jul	18-22	(Mon-Fri)		Jul	22-23	(Fri-Sat)	
Aug	15-19	(Mon-Fri)		Aug	19-20	(Fri-Sat)	
Sep	12-16	(Mon-Fri)		Sep	16-17	(Fri-Sat)	
Oct	17-21	(Mon-Fri)		Oct	21-22	(Fri-Sat)	
Nov	14-18	(Mon-Fri)		Nov	18-19	(Fri-Sat)	
Dec	12-16	(Mon-Fri)		Dec	16-17	(Fri-Sat)	

Hyperbaric Safety Director Course / Acrylics

Safety Director Course (HSD - 3 days) \$495				Acrylics Course (AC - 1/2 day) \$125			
Jan-Feb	31-2	(Mon-Wed)					
Apr	18-20	(Mon-Wed)		Apr	21	(Thu)	
Oct	24-26	(Mon-Wed)		Oct	27	(Thu)	

Hyperbaric Facility Maintenance: Module 1 & 2

Module 1 (1 1/2 days) \$375 (appropriate for all users)				Module 2* (1 day) \$150 (appropriate for multiplace users)			
Apr	21-22	(Thu-Fri)		Apr	23	(Sat)	
Oct	27-28	(Thu-Fri)		Oct	29	(Sat)	

*Module 1 required to register for Module 2

UHM Board Recertification Review Course

UHM Board Recertification Review Course (UHM - 1 day) \$500	
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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 #: _____
 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: _____

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: _____

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: Cash Check Credit Card

Entered: _____ Check # : _____