



# 2019 Course Registration Form

**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	7-11 (M-F)	January	11-12 (F-Sat)
February	4-8 (M-F)	February	8-9 (F-Sat)
March	4-8 (M-F)	March	8-9 (F-Sat)
April	8-12 (M-F)	April	12-13 (F-Sat)
May	13-17 (M-F)	May	17-18 (F-Sat)
June	3-7 (M-F)	June	7-8 (F-Sat)
July	15-19 (M-F)	July	19-20 (F-Sat)
August	12-16 (M-F)	August	16-17 (F-Sat)
September	9-13 (M-F)	September	13-14 (F-Sat)
October	14-18 (M-F)	October	18-19 (F-Sat)
November	4-8 (M-F)	November	8-9 (F-Sat)
December	9-13 (M-F)	December	13-14 (F-Sat)

## Hyperbaric Safety Director Course / Acrylics

Safety Director Course (HSD - 3 days) \$495		Acrylics Course (AC - 1/2 day) \$125	
January	14-16 (M-W)	January	17 (Th)
June	10-12 (M-W)	June	13 (Th)
September	16-18 (M-W)	September	19 (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	17-18 (Th-Fri)	January	19 (Sat)
June	13-14 (Th-Fri)	June	15 (Sat)
September	19-20 (Th-Fri)	September	21 (Sat)

\*Module 1 required to register for Module 2

## UHM Board Recertification Review Course

UHM Board Recertification Review Course (UHM - 1 day) \$500		Hyperbaric Medicine Team Training for Animal Applications (HMTT AA - 4.5 days) \$975	
February 23, 2019 (Sat)		February 4-8, 2019 (M-F)	
October 12, 2019 (Sat)			

## If you are completing this form for the participant

Name: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Email: \_\_\_\_\_

## Submit Registration Form & Fee To:

INTERNATIONAL ATMO  
 International ATMO, Inc.  
 Education Department  
 405 N. St. Mary's, Suite 720  
 San Antonio, Texas 78205  
 (210) 614-3688 • FAX (210) 223-4864  
[education@hyperbaricmedicine.com](mailto: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: \_\_\_\_\_  
 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 # : _____