



2020 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	6-10 (M-F)	January	10-11 (F-Sat)
February	24-28 (M-F)	February	28-29 (F-Sat)
March	16-20 (M-F)	March	20-21 (F-Sat)
April	6-10 (M-F)	April	10-11 (F-Sat)
May	11-15 (M-F)	May	15-16 (F-Sat)
June	8-12 (M-F)	June	12-13 (F-Sat)
July	13-17 (M-F)	July	17-18 (F-Sat)
August	3-7 (M-F)	August	7-8 (F-Sat)
September	14-18 (M-F)	September	18-19 (F-Sat)
October	5-9 (M-F)	October	9-10 (F-Sat)
November	9-13 (M-F)	November	13-14 (F-Sat)
December	7-11 (M-F)	December	11-12 (F-Sat)

Hyperbaric Safety Director Course / Acrylics

Safety Director Course (HSD - 3 days) \$495		Acrylics Course (AC - 1/2 day) \$125	
March	2-4 (M-W)	March	5 (Th)
May	18-20 (M-W)	May	21 (Th)
October	12-14 (M-W)	October	15 (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)	
March	5-6 (Th-Fri)	March	7 (Sat)
May	21-22 (Th-Fri)	May	23 (Sat)
October	15-16 (Th-Fri)	October	17 (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	
To be determined		February 24-28 (M-F)	

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

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: _____ CV#: _____
 *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 # : _____		