



## Registration Form

Physician  Other

Last Name  First Name  Middle Initial

Address

City  State  Zip

Country

Work Phone  Home Phone

Fax Number  e-Mail

Company/Hospital Affiliation

MD  RN  Respiratory Therapist  HBO Tech  Diving Tech  Administrator  Other

ACHM  Commercial Diver/Military  Sport Scuba  EMT  Paramedic  IBUM

Credit Card Number  (Visa or MasterCard only)

Card Expiration Date

Course Date

### Course Fee \$995.00

**Cancellation:** All cancellations must be made in writing.  
A \$25 administration fee will be retained for all cancellations.

### Additional Options:

IANTD Nitrox Diver Certification  
UHMS Letter of Education for CMEs/CEUs  
PADI Recompression Chamber Awareness Program  
Surface Oxygen Cellular Physiology  
IBUM DMT Certification  
IBUM Sub-specialty for DMO/DMP

Please submit registration form via email or fax:

Email: [Dick@HyperbaricsInternational.com](mailto:Dick@HyperbaricsInternational.com)

Fax: 1-305-451-5785