



## COURSE REGISTRATION FORM

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Physician  Other

Last Name

First Name

Middle Initial

Address:

City:

State:

Zip:

Country:

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Work Phone:

Home Phone:

Email Address:

Fax Number:

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Company/Hospital Affiliation:

MD  RN  Respiratory Therapist  HBO Tech  Diving Tech  Administrator  Other

ACHM  Commercial Diver/Military  Sport Diver  EMT  Paramedic  IBUM

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Credit Card Number (Visa or Mastercard Only):

Card Expiration Date:

Course Date:

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**CANCELLATION POLICY:**

All cancellations must be made in writing.

A \$50 administration fee will be retained for all cancellations.

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**Additional Options:**

IANTD Nitrox Diver Certification

UHMS Letter of Education for CMEs/CEUs

Surface Oxygen Cellular Physiology

IBUM DMT Certification

IBUM Sub-specialty for DMO/DMP

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Please submit registration form via email or fax:

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

Fax: 1-305-451-5785