



COURSE REGISTRATION FORM

MD DO PA RN HM NP Other

Last Name

First Name

Middle Initial

Address:

City:

State:

Zip:

Country:

Work Phone:

Home Phone:

Email Address:

Fax Number:

Company/Hospital Affiliation:

MD RN Respiratory Therapist HBO Tech Diving Tech Administrator Other

ACHM Commercial Diver/Military Sport Diver EMT Paramedic IBUM

Credit Card Number:

Card Expiration Date:

Course Date:

CANCELLATION POLICY:

All cancellations must be made in writing.

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

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

Please submit registration form via email or fax:

Email: Dick@HyperbaricsInternational.com

Fax: 1-305-451-5785