

# E-CARD ORDER FORM EFFECTIVE 10/03/17

(subject to change)

Health Counseling Training Center

Basic Life Support Cards                      Number of E-Cards Requested \_\_\_\_\_ x \$5.25 each = \_\_\_\_\_

Heartsaver First Aid CPR/AED Cards Number of E-Cards Requested \_\_\_\_\_ x \$19.25 each = \_\_\_\_\_

Heartsaver First Aid Cards                      Number of E-Cards Requested \_\_\_\_\_ x \$19.25 each = \_\_\_\_\_

Heartsaver CPR/AED Cards                      Number of E-Cards Requested \_\_\_\_\_ x \$19.25 each = \_\_\_\_\_

Heartsaver Pediatric First Aid                      Number of E-Cards Requested \_\_\_\_\_ x \$19.25 each = \_\_\_\_\_

**Total = \_\_\_\_\_**

**Instructor:** This section is where the lead instructor who taught the course is listed. For those of you who buy E-Cards for your own personal distribution, please print your name below as you would like it to be listed in the instructor section. For those of you who purchase E-Cards for use by multiple instructors, either print the name of an instructor who participates in each class or an instructor who is a main contact for your organization. Your course rosters **must** indicate the actual instructor who taught each class and be submitted to HCS at minimum on a monthly basis.

What name would you like us to put in the Instructor section?

Name: \_\_\_\_\_

**All E-Card orders will be emailed to the email you have registered on the American Heart Association Instructor Network ([www.ahainstructornetwork.org](http://www.ahainstructornetwork.org))**

**A copy of the sales receipt or invoice can be emailed or mailed.  
To whom and where should we send the receipt/invoice?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Send to:  
Health Counseling Services 615 First Avenue NE, Suite 310 Mpls, MN 55413**

**OR**

**[dave@healthcounselingservices.com](mailto:dave@healthcounselingservices.com)**