

# PAPER CARD ORDER FORM EFFECTIVE 10/03/17

(subject to change)

Health Counseling Training Center

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

Leave Name and Dates Blank  Print Submitted Names and Dates

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

Leave Name and Dates Blank  Print Submitted Names and Dates

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

Leave Name and Dates Blank  Print Submitted Names and Dates

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

Leave Name and Dates Blank  Print Submitted Names and Dates

**Heartsaver Pediatric First Aid** Number of Paper Cards Requested \_\_\_\_\_ x \$19.25 each = \_\_\_\_\_

Leave Name and Dates Blank  Print Submitted Names and Dates

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

**\*\*\* Note: If you have us "Print Submitted Names and Dates" please make certain that all names on course roster are CLEAR and LEGIBLE. \*\*\***

## The following information is included on the back of the cards.

**Course Location:** This section can either reflect the employer group you work for or the organization or location of the class taught. If this information is not provided, we will print location as follows: "Instructor's last name, city of residence, state." \*Note\* This information must be typed on all cards distributed.

What would you like us to put in the Course Location section? \_\_\_\_\_

**Instructor:** This section is where the lead instructor who taught the course is listed. All information on the back of each card must be typed, including instructor name. If you order cards in bulk, you have two main options:

Indicate an instructor that is involved in all classes or is the main AHA instructor contact for you organization and we will type the name on all cards. \*\*If this option is chosen, you must maintain course rosters that indicate the actual instructor who taught the classes\*\*

Name: \_\_\_\_\_ / ID#: \_\_\_\_\_

Request that we leave the instructor blank with the understanding that you must type in the instructor name and instructor ID for all cards issued.

**Other:** If space permits, we are able to list a contact number for either the instructor or the course location. This phone number can be used by students to call for further information or when refresher training is needed. It can refer them back to an employer group or back to an individual instructor. This phone number listing is **optional** and can only be accomplished if space permits in either the "Course Location" or "Instructor" sections.

Would you like a contact number listed (if space permits)?  No  Yes (\_\_\_\_\_) \_\_\_\_\_.

**All card orders will be shipped with a copy of the sales receipt or invoice unless otherwise directed.**

**To whom and where should we mail the completed cards and receipt/invoice?**

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

**Send To:**

**Health Counseling Services 615 First Avenue NE, Suite 310 Mpls, MN 55413**  
or [dave@healthcounselingservices.com](mailto:dave@healthcounselingservices.com)