

E-CARD ORDER FORM EFFECTIVE 05/29/18

(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 = _____

Heartsaver K – 12 Cards Number of E-Cards Requested _____ x \$5.25 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)

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 7851 Metro Parkway, Suite 250, Bloomington, MN 55425

OR

karenlilla@healthcounselingservices.com

Office Use Only:
Date Order Filled ____/____/____ By _____

Revised 05/2018