

# E-CARD ORDER FORM EFFECTIVE 01/01/2019

(subject to change)

Health Counseling Training Center

Basic Life Support Cards                      Number of E-Cards Requested \_\_\_\_\_ x \$5.50 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 \$5.50 each = \_\_\_\_\_

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

Cards can be issued to an Instructor, an Ecard location or directly to students. Please indicate how you would like cards distributed.

Instructor (Name): \_\_\_\_\_

Ecard Location (Site Name): \_\_\_\_\_

Students (please attach roster): \_\_\_\_\_

Please submit course rosters to HCS as you teach a course or, at minimum, monthly.

**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 7851 Metro Parkway, Suite 250, Bloomington, MN 55425**

**OR**

[karenlilla@healthcounselingservices.com](mailto:karenlilla@healthcounselingservices.com)

Office Use Only:  
Date Order Filled \_\_\_\_/\_\_\_\_/\_\_\_\_ By \_\_\_\_\_

Revised 05/2018