

# E-CARD ORDER FORM EFFECTIVE 11/1/2020

(subject to change)

Health Counseling Training Center

**Basic Life Support Provider Cards**      Number of E-Cards Requested      \_\_\_\_\_ x \$5.75 each = \_\_\_\_\_

**Basic Life Support Advisor Cards**      Number of E-Cards Requested      \_\_\_\_\_ x \$5.75 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 11/2020