

# E-CARD ORDER FORM EFFECTIVE 09/01/2024

(subject to change)

## Health Counseling Training Center

Basic Life Support Cards                      Number of E-Cards Requested \_\_\_\_\_ x \$7.50 each = \_\_\_\_\_

Heartsaver First Aid CPR/AED Cards                      Number of E-Cards Requested \_\_\_\_\_ x \$21.50 each = \_\_\_\_\_

Heartsaver First Aid Cards                      Number of E-Cards Requested \_\_\_\_\_ x \$21.50 each = \_\_\_\_\_

Heartsaver CPR/AED Cards                      Number of E-Cards Requested \_\_\_\_\_ x \$21.50 each = \_\_\_\_\_

Heartsaver Pediatric First Aid CPR/AED                      Number of E-Cards Requested \_\_\_\_\_ x \$21.50 each = \_\_\_\_\_

Heartsaver K – 12 Cards                      Number of E-Cards Requested \_\_\_\_\_ x \$7 each = \_\_\_\_\_

Subtotal = \_\_\_\_\_

+3% (credit card only) = \_\_\_\_\_

**Subtotal** = \_\_\_\_\_

+3% (credit card only) = \_\_\_\_\_

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

A 3% service charge will be added to any credit card payments.  
Cards will be issued to the instructor for distribution to students.

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

E-Card Location (Site Name): \_\_\_\_\_

**All E-Card orders will be made available in 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 08/2024  
\_\_\_\_ Track @ AHATrainingCenter>HCS Internal>eCard Tracking>2023eCards\_