

# CPR Consultants, Inc.

## AHA Training Center

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# 2009 CARD ORDER FORM

PICK UP Y N  
 DATE PICK-UP \_\_\_\_\_ TIME \_\_\_\_\_

Please print clearly below:

Date ordered: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Daytime Phone #: (\_\_\_\_) \_\_\_\_\_

**Payment Method:**

*Note: Full Payment must accompany order in order to be processed and shipped.*

- Cash
- Check: Ck # \_\_\_\_\_
- Credit: \_\_ Mastercard \_\_ Visa  
 Name on Card: \_\_\_\_\_  
 Card #: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_  
 Last 3-Digits On Back Of Card: \_\_\_\_\_

**PLEASE SHIP MATERIALS TO:**

Note: Allow up to 2 weeks for delivery

- Same address (on the left)
- Different address (Please print clearly below):

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Mailing address

\_\_\_\_\_  
 City State Zip code

\_\_\_\_\_  
 Daytime Phone Number

CARD DESCRIPTION (all cards have tax)	CARD #	COST/ITEM	QUANTITY	TOTAL COST
Heartsaver CPR (Adult & Pediatric)	80-1204	\$5.00 each		
Heartsaver AED (Adult CPR/AED, Pediatric)	80-1203	\$5.00 each		
Healthcare Provider	70-2915	\$5.00 each		
Heartsaver Basic First Aid (Adult & Pediatric CPR/AED)	80-1202	\$5.00 each		
Heartsaver Pediatric First Aid	80-1201	\$5.00 each		
ACLS Provider	70-2920	\$6.50 each		
PALS Provider	70-2918	\$6.50 each		
Replacement Card		\$10.50 each		
<b>COURSE TESTS (no tax on exams)</b>				
BLS Healthcare Provider Written Exam		\$6.00/copy		
BLBLS ACLS Written Exam		\$6.00/copy		
BLS PALS Written Exam		\$6.00/copy		
Any AHA Exam on CD		\$10.00/copy		

Note:

- A minimum of a 24-hour notice for all card processing is necessary.
- Card quantities up to 25 per order may be issued at one time.
- All rosters are to be submitted within 10 business days of class date.
- Shipping and Handling Charges
  - 1. 1-19 Cards - \$2.50
  - 2. 20-50 Cards - \$10.00
  - 3. 51-150 Cards - \$12.00
  - 4. 151-500 - \$14.00
  - 5. 2<sup>nd</sup> day or Overnight - \$18.00
  - 6. Greater than 500 - Call

Subtotal: \$ \_\_\_\_\_  
 S&H/order \$ \_\_\_\_\_  
 Subtotal \$ \_\_\_\_\_  
 Tax (7.75%): \$ \_\_\_\_\_  
 Total: \$ \_\_\_\_\_

**FOR OFFICE USE:**

Order received by: P M F E Initials \_\_\_\_\_ Payment received: Y N (date: \_\_\_\_\_) Initials \_\_\_\_\_

Items Mailed: Y N (date: \_\_\_\_\_) Initials: \_\_\_\_\_

Notes/Comments: