

CPR Consultants, Inc.

AHA Training Center

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2009 CARD ORDER FORM
Training Sites

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	\$3.00 each		
Heartsaver AED (Adult CPR/AED, Pediatric)	80-1203	\$3.00 each		
Healthcare Provider	70-2915	\$3.00 each		
Heartsaver Basic First Aid (Adult & Pediatric CPR/AED)	80-1202	\$3.00 each		
Heartsaver Pediatric First Aid	80-1201	\$3.00 each		
ACLS Provider	70-2920	\$5.00 each		
PALS Provider	70-2918	\$5.00 each		
COURSE TESTS (no tax on exams)				
BLS Healthcare Provider Written Exam		\$6.00/copy		
BLS 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 4. 151-500 - \$14.00
 - 2. 20-50 Cards - \$10.00 5. 2nd day or Overnight - \$18.00
 - 3. 51-150 Cards - \$12.00 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: