

**CPR Consultants, Inc.**

**AHA Training Center**

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**2011 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:

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

**Instructor Name** \_\_\_\_\_

(Name to be printed on card)

**Instructor ID#** \_\_\_\_\_

(Card orders will not be processed without Instructor ID#)

**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

<b>Note: ALLOW UP TO 2 WEEKS FOR DELIVERY</b>		<b>COST/ITEM</b>	<b>QUANTITY</b>	<b>TOTAL COST</b>
<b>CARD DESCRIPTION</b> (all cards have tax)	<b>CARD #</b>			
Healthcare Provider	90-1801	\$5.50 each		
Heartsaver CPR/AED	90-1813	\$5.50 each		
Heartsaver First Aid	90-1814	\$5.50 each		
Heartsaver First Aid CPR/AED	90-1815	\$5.50 each		
Heartsaver CPR in Schools	80-1200	\$5.50 each		
Heartsaver Pediatric First Aid	80-1201	\$5.50 each		
ACLS Provider	90-1806	\$7.50 each		
PALS Provider	70-2918	\$7.50 each		
Replacement Card		\$11.00 each		
<b>COURSE TESTS</b> (no tax on exams)				
BLS Healthcare Provider Written Exam		\$6.00/copy		
ACLS Written Exam		\$6.00/copy		
PALS Written Exam		\$6.00/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 (6.75%):** \$ \_\_\_\_\_  
**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: