

CPR Consultants, Inc.

AHA Training Center

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2011 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:

- 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 _____

Note: ALLOW UP TO 2 WEEKS FOR DELIVERY		COST/ITEM	QUANTITY	TOTAL COST
CARD DESCRIPTION (all cards have tax)	CARD #			
Heartsaver CPR/AED (Adult CPR/AED, Pediatric)	90-1813	\$3.50 each		
Healthcare Provider	90-1801	\$3.50 each		
Heartsaver Basic First Aid (Adult & Pediatric CPR/AED)	90-1815	\$3.50 each		
Heartsaver Pediatric First Aid	80-1201	\$3.50 each		
ACLS Provider	70-2920	\$6.00 each		
PALS Provider	70-2918	\$6.00 each		
COURSE TESTS (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. 2nd 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: