

CPR CONSULTANTS

TRAINING CENTER

2016 Individual Instructor Card Order Form

WWW.CPRCONSULTANTS.COM

919-850-9295 office cards@cprconsultants.com 919-235-0842 fax

DATE ORDERED _____

PICK UP DATE _____ TIME _____

Payment Method:

Cash / Check # _____

Tax Exempt # _____ **form must be included**

PO Number _____

Credit: __ MC __ Visa __ Amex __ Discover

Name on Card: _____

Card #: _____

Expiration Date: _____ CVV code on back: _____

Zip code: _____ Phone #: (_____) _____

Instructor Name _____
(Name to be printed on card)

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

Name

Shipping Address (if different from billing)

City State Zip code

Email address – tracking information will be emailed

Daytime Phone Number

Billing address for the credit card

PLEASE ALLOW UP TO 2 WEEKS FOR DELIVERY		QUANTITY	TOTAL COST
CARD DESCRIPTION (all cards have tax)	CARD #		
BLS Provider	15-1805	\$6.00 each	
Heartsaver CPR AED	15-1810	\$6.00 each	
Heartsaver First Aid	15-1811	\$6.00 each	
Heartsaver First Aid CPR AED	15-1812	\$6.00 each	
Heartsaver CPR in Schools	90-1821	\$6.00 each	
Heartsaver Pediatric First Aid CPR AED	90-1825	\$6.00 each	
ACLS Provider	15-1803	\$8.50 each	
PALS Provider	15-1806	\$8.50 each	
BLS Provider E-card (digital card)	15-3001	\$6.00 each	
Heartsaver CPR AED E-card (digital card)	15-3004	\$6.00 each	
Heartsaver First Aid E-card (digital card)	15-3005	\$6.00 each	
Heartsaver First Aid CPR AED E-card (digital card)	15-3002	\$6.00 each	
ACLS Provider E-card (digital card)	15-3000	\$6.00 each	
PALS Provider E-card (digital card)	15-3006	\$6.00 each	

- Orders are processed within 48hrs
- Card quantities up to 25 may be ordered at one time.
- Rosters & eval summaries must be entered in Enrollware within 10days of the class.
- Shipping and Handling Charges

1-4 Cards \$2.50	51-100 Cards \$12.00
5-10 Cards \$4.25	101-300 Cards \$14.00
11-18 Cards \$6.00	301-500 \$16.00
19-50 Cards \$10.00	2 nd day \$30.00

Subtotal: \$ _____

S&H/order \$ _____

Subtotal \$ _____

Tax: \$ _____

Total: \$ _____

****If you would like the cards printed with the participant's name and course location, please specify the class date below. The class must be in Enrollware and finalized**