

E-CARD ORDER FORM EFFECTIVE 7/1/2022

(subject to change)

Health Counseling Training Center

Basic Life Support Provider Cards Number of E-Cards Requested _____ x \$6.50 each = _____

Basic Life Support Advisor Cards Number of E-Cards Requested _____ x \$6.50 each = _____

Heartsaver First Aid CPR/AED Cards Number of E-Cards Requested _____ x \$20 each = _____

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Heartsaver CPR/AED Cards Number of E-Cards Requested _____ x \$20 each = _____

Heartsaver Pediatric First Aid Number of E-Cards Requested _____ x \$20 each = _____

Heartsaver K – 12 Cards Number of E-Cards Requested _____ x \$6 each = _____

Total = _____

Cards can be issued to an Instructor, an Ecard location or directly to students. Please indicate how you would like cards distributed.

Instructor (Name): _____

Ecard Location (Site Name): _____

Students (please attach roster): _____

Please submit course rosters to HCS as you teach a course or, at minimum, monthly.

All E-Card orders will be emailed to the email you have registered on the American Heart Association Instructor Network (www.ahainstructornetwork.org)

A copy of the sales receipt or invoice can be emailed or mailed.

To whom and where should we send the receipt/invoice?

Send to:

Health Counseling Services 7851 Metro Parkway, Suite 250, Bloomington, MN 55425

OR

karenlilla@healthcounselingservices.com

Office Use Only:

Date Order Filled ____/____/____ By ____

Revised 11/2021