

AHA COURSE COMPLETION PRINT CARD ORDER LIST

HEALTH EDUCATION STRATEGIES, LLC

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TWO WEEKS NOTICE REQUIRED FOR ALL ORDERS

PAYMENT MUST ACCOMPANY ORDER

H.E.S. Instructor Name: _____ Order Date: _____ Order Pick Up Date: _____
 (please print name)

Contact Phone Number: _____ Email: _____

Or Ship To: Name: _____ Ship Date: _____

Address: _____

City, State, Zip Code: _____

COURSE COMPLETION CARDS ***LIMITED QUANTITIES*******

ITEM#	ITEM DESCRIPTION	ITEM PRICE INSTRUCTOR PRINTS	QUANTITY	ITEM PRICE TC PRINTS <i>Completed Roster Must Accompany Order</i>	QUANTITY	TOTAL
15-1811	Heartsaver First Aid	\$5.00		\$6.00		
			SUB-TOTAL			\$
<i>IF TAX EXEMPT, INCLUDE TAX EXEMPTION ID NUMBER:</i>			<i>ADD: MI 6% SALES TAX</i>			
			<i>ADD: SHIPPING FEE AS FOLLOWS:</i>			
			Domestic USPS Priority Mail.....\$12.00			
			International UPS.....\$25.00			
			<i>ADD: EQUIPMENT RENTAL FEE (If applicable)</i>			
			MATERIALS ORDER LIST FEE (If applicable)			
			GRAND TOTAL			\$

WE ACCEPT VISA/MASTERCARD/DISCOVER CREDIT CARD PAYMENTS

Card Number: _____	Expiration (Mo/Yr): _____
Total Amount Authorized: _____	Security Code: _____ (Located on Back of Card next to Signature Line. Usually 3 or 4 digits.)
Cardholder Name: _____	
Cardholder Billing Address: _____	
I agree to pay above amount according to card issuer agreement.	
Cardholder Signature: _____	

FOR OFFICE USE ONLY

Amt. Pd: _____ Cash _____ Cr Card _____ CK# _____ MO# _____

Date _____ Pmt Rec'd Date _____ Invoice# _____ Enclosed Emailed _____

INSTRUCTORS! YOU MUST FOLLOW THE AHA CARD ISSUING POLICY AS STATED IN YOUR POLICY & PROCEDURE MANUAL REVISED JANUARY 2013. ALL CARDS ARE PARTIALLY PREPRINTED FOR YOU WITH THE TRAINING CENTER INFORMATION AND INSTRUCTOR NAME & AHA INSTRUCTOR NUMBER. TRAINING CENTER IS NOT RESPONSIBLE FOR MISSPELLED NAMES ON CARDS AS RECEIVED.

Updated 01102018