

AHA COURSE COMPLETION E-CARD ORDER LIST

HEALTH EDUCATION STRATEGIES, LLC

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PAYMENT MUST ACCOMPANY ORDER

H.E.S. Instructor Name: _____ Order Date: _____
 (Please print name)

Contact Phone Number: _____ Email: _____

ITEM#	ITEM DESCRIPTION	ITEM PRICE	QUANTITY	TOTAL
15-3001	BLS Provider	\$6.25		
15-3002	Heartsaver FA-CPR-AED	\$20.00		
15-3003	Heartsaver Pediatric FA-CPR-AED	\$20.00		
15-3004	Heartsaver CPR AED	\$20.00		
15-3005	Heartsaver First Aid	\$20.00		
15-3011	Heartsaver for K-12 Schools	\$2.25		
15-3000	ACLS Provider	\$10.50		
15-3007	ACLS EP Provider	\$10.50		
15-3006	PALS Provider	\$10.50		
15-3008	PEARS Provider	\$10.50		
SUB-TOTAL				\$
<i>IF TAX EXEMPT, INCLUDE TAX EXEMPTION ID NUMBER:</i>		<i>ADD: 6% MI SALES TAX</i>		
		<i>ADD: MATERIALS ORDER LIST FEE (If applicable)</i>		
		<i>ADD: EQUIPMENT RENTAL FEE (If applicable)</i>		
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: _____	

<i>FOR OFFICE USE ONLY</i>	
Amt. Pd: _____ Cash _____ Cr Card _____ CK# _____ MO# _____	
Date _____ Pmt Rec'd Date _____ Invoice# _____ <input type="checkbox"/> Enclosed <input type="checkbox"/> Emailed _____	