

**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
20-3001	BLS Provider	\$6.50		
20-3018	BLS Advisor	\$5.00		
20-3002	Heartsaver FA-CPR-AED	\$20.00		
20-3003	Heartsaver Pediatric FA-CPR-AED	\$20.00		
20-3004	Heartsaver CPR AED	\$20.00		
20-3005	Heartsaver First Aid	\$20.00		
15-3011	Heartsaver for K-12 Schools	\$2.25		
20-3000	ACLS Provider	\$11.00		
15-3007	ACLS EP Provider	\$10.50		
20-3006	PALS Provider	\$11.00		
15-3008	PEARS Provider	\$10.50		
<b>SUB-TOTAL</b>				<b>\$</b>
<i>IF TAX EXEMPT, INCLUDE TAX EXEMPTION ID NUMBER:</i>		<i>ADD: 6%</i>		
		MI SALES TAX		
<b>GRAND TOTAL</b>				<b>\$</b>

**WE ACCEPT VISA/MASTERCARD/DISCOVER CREDIT CARD PAYMENTS**

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

**FOR OFFICE USE ONLY**

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