

AHA COURSE COMPLETION E-CARD ORDER LIST

HEALTH EDUCATION STRATEGIES, LLC

11460 Telegraph Road, Taylor, MI 48180
 734-288-3050/734-250-7951 (Fax)
www.healtheducationstrategies.com
healthedst@gmail.com

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	\$6.85		
20-3018	BLS Advisor	\$5.35		
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	\$11.35		
15-3007	ACLS EP Provider	\$10.85		
20-3006	PALS Provider	\$11.35		
15-3008	PEARS Provider	\$10.85		
SUB-TOTAL				\$
<i>IF TAX EXEMPT, INCLUDE TAX EXEMPTION ID NUMBER:</i>		<i>ADD: 6%</i>		
		MI SALES TAX		
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: _____	
Cardholder Email Address: _____	

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