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	$7.75		
20-3018	BLS Advisor	$8.00		
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		
20-3011	Heartsaver for K-12 Schools	$2.70		
20-3000	ACLS Provider	$12.00		
15-3007	ACLS EP Provider	$12.00		
20-3006	PALS Provider	$12.00		
			SUB-TOTAL	$
IF TAX EXEMPT, INCLUDE TAX EXEMPTION ID NUMBER:			*ADD:* 6% 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:		

FOR OFFICE USE ONLY

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

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

CURRENT 11/25/2024