

GUIDELINES 2020 BLS INSTRUCTOR KIT ORDER FORM

Order Date: _____

- | | |
|--|----------|
| <input type="checkbox"/> BLS for Healthcare Providers Ins Pkg with Digital Video (20-1137) | \$128.00 |
| MI 6% Sales Tax* | 7.68 |
| OR | |
| <input type="checkbox"/> BLS for Healthcare Providers Ins Pkg with DVD Video (20-1104) | \$139.00 |
| MI 6% Sales Tax* | 8.34 |

*If you are Tax Exempt, MI Sales Tax Exemption#: _____

Shipping	15.00
Total Cost	\$ _____

H.E.S. Instructor Name: _____
(Please Print Name)

Contact Phone Number: _____

Email Address: _____

Shipping Address: _____
(US Mailing Addresses Only)

City, State, Zip Code: _____

WE ACCEPT VISA/MASTERCARD/DISCOVER CREDIT CARD PAYMENTS

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

<u>Office Use Only</u>	
Amt. Pd: _____	Cash _____ Check _____ M.O. _____ Credit Card _____
Check/M.O. #: _____	Ck/M.O. Date _____
Pmt Rec'd Date _____	

Ship Date: _____ Pick Up Date: _____