

**GUIDELINES 2020 HEARTSAVER INSTRUCTOR MANUAL  
& COURSE VIDEO (DVD or USB or Digital Video) ORDER FORM**

Order Date: \_\_\_\_\_

- Heartsaver FA CPR AED Instructor Manual (20-1130) \$ 67.50
- Heartsaver FA CPR AED Student Workbook (20-1126) \$ 4.75
- Heartsaver FA CPR AED Course DVD Set (20-1123) \$ 200.00
- Heartsaver FA CPR AED Course Video USB Set (20-1147) \$ 200.00
- Heartsaver FA CPR AED Digital Video (20-1429) \$ 175.00
- MI 6% Sales Tax for Instructor Manual and Student Workbook ONLY \$ 4.34
- MI 6% Sales Tax for Course DVD Set or Video USB Set \$ 12.00
- MI 6% Sales Tax for Digital Video \$ 10.50

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

Shipping Fees for Manuals ONLY \$ 12.00

Shipping Fees for Manuals and Video (DVD Set or USB) \$ 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**

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

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| Check/M.O. #: _____  | Ck/M.O. Date: _____ |
| Pmt Rec'd Date: _____  | Invoice# _____      |
| Email Date: _____  |                     |

Ship Date: \_\_\_\_\_ Pick Up Date: \_\_\_\_\_