



SUPPLY ORDER FORM

INSTRUCTOR CONTACT (PRINT CLEARLY):

Name: _____ AHA Instructor ID: _____

Phone: _____ Email: _____

PAYMENT METHOD: Check Cash Mastercard Visa Card on File

Mastercard/Visa #: _____ Expiration Date: ____/____/____

Authorized Signature: _____ Date: _____

Payment must be included with ALL card orders. Please make checks payable to SR-AHEC.			
ITEM DESCRIPTION	E-Card	QUANTITY	TOTAL COST
BLS Provider (Healthcare Provider)	\$6.00		\$
Heartsaver First Aid	\$20.00		\$
Heartsaver CPR AED	\$20.00		\$
Heartsaver First Aid CPR AED	\$20.00		\$
Heartsaver Pediatric First Aid CPR AED	\$20.00		\$
*Heartsaver for K-12 Schools	\$6.00		\$
<i>*The Heartsaver for K-12 Schools is intended for K-12 school students, faculty, and staff ONLY</i>			
ACLS Provider	\$10.00		\$
PALS Provider	\$10.00		\$
PEARS Provider	\$10.00		\$
MEMBERSHIP RENEWAL			
TC Annual Membership Fee	\$35.00		\$
EXAM PACKETS			
BLS Provider	\$10.00		\$
Heartsaver	\$10.00		\$
ACLS Provider	\$10.00		\$
PALS Provider	\$10.00		\$
PEARS Provider	\$10.00		\$
Please allow 24-48 hours for delivery of eCards			TOTAL \$ _____



Regional Education
1601 Owen Drive, Fayetteville, NC 28304
(910) 678-7226 • Fax: (910) 323-0674
SR-AHEC.org