

SUPPLY ORDER FORM

Instructor Name: _____ AHA Instructor ID: _____

Phone: _____ Email: _____

PAYMENT METHOD: Check Cash American Express Discover MasterCard Visa

Credit Card #: _____ Expiration Date: ____/____/____

Authorized Signature: _____ Order Date: _____

Per the AHA, all course completion cards must be in students' hands as quickly as possible, but no later than 20 days after the course completion date. Southern Regional AHEC will process card orders, with full payment, within 10 days of receiving an order.

To ensure that your order is processed in a timely manner, please provide full payment with a completed Supply Order Form. Course completion cards will not be released for incomplete, missing, or declined payments. If payment is being mailed eCards will be released only after the payment has been received by Southern Regional AHEC.

ITEM DESCRIPTION	PRICE	QUANTITY	TOTAL COST
BASIC LIFE SUPPORT eCards			
BLS	\$6.00		\$
HEARTSAVER eCards			
Heart saver First Aid	\$20.00		\$
Heart saver CPR AED	\$20.00		\$
Heart saver First Aid CPR AED	\$20.00		\$
Heart saver Pediatric First Aid CPR AED	\$20.00		\$
*Heart saver for K-12 Schools	\$6.00		\$
<i>* intended for K-12 school students & staff</i>			
ADVANCED LIFE SUPPORT eCards			
ACLS Provider	\$10.00		\$
PALS Provider	\$10.00		\$
PEARS Provider	\$10.00		\$
MEMBERSHIP RENEWAL			
TC Annual Membership Fee	\$35.00		\$
TOTAL			\$ _____

Submit Order(s) To:

Email, trainingcenter@sr-ahec.org Fax: 910-323-0674 Mail: 1601 Owen Drive, Fayetteville, NC 28304

Office Use Only:

Date Received: _____ Amount Paid: _____ TC Staff: _____

Payment Type: Cash ____ Credit Card ____ Transaction ID: _____ Check ____ Check # _____

