

## CARD ORDER FORM

Instructor Name: \_\_\_\_\_ AHA Instructor ID: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**PAYMENT METHOD:**  Check/Invoice (Training Site & eCard Location Only) Check/Invoice #: \_\_\_\_\_  
 Card:  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
<b>BASIC LIFE SUPPORT eCards</b>			
BLS Provider	\$6.00		\$
<b>HEARTSAVER eCards</b>			
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>* intended for K-12 school students &amp; staff</i>			
<b>ADVANCED LIFE SUPPORT eCards</b>			
ACLS Provider	\$10.00		\$
PALS Provider	\$10.00		\$
PEARS Provider	\$10.00		\$
<b>MEMBERSHIP RENEWAL</b>			
TC Bi-Annual Membership Fee (Paid during expiration month only)	\$70.00		\$

**TOTAL \$** \_\_\_\_\_

**Submit Order(s) To:**

Email, [trainingcenter@sr-ahec.org](mailto: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 # \_\_\_\_\_