

CARD ORDER FORM EFFECTIVE 10/17/11

SUBJECT TO CHANGE – *WHILE SUPPLIES LAST

Health Counseling Training Center

Healthcare Provider Cards Number of Cards Requested _____ x \$4.00 each = _____
 Leave Name and Dates Blank Print Submitted Names and Dates

Heartsaver First Aid CPR/AED Cards Number of Cards Requested _____ x \$4.00 each = _____
 Leave Name and Dates Blank Print Submitted Names and Dates

Heartsaver First Aid Cards Number of Cards Requested _____ x \$4.00 each = _____
 Leave Name and Dates Blank Print Submitted Names and Dates

Heartsaver CPR/AED Cards Number of Cards Requested _____ x *\$3.50 each = _____
 Leave Name and Dates Blank Print Submitted Names and Dates _____ x \$4.00 each = _____

Heartsaver CPR AED in Schools Number of Cards Requested _____ x \$3.50 each = _____
 Leave Name and Dates Blank Print Submitted Names and Dates

Heartsaver Pediatric First Aid Number of Cards Requested _____ x \$3.00 each = _____
 Leave Name and Dates Blank Print Submitted Names and Dates

Total = _____

***** Note: If you have us "Print Submitted Names and Dates" please make certain that all names on course roster are CLEAR and LEGIBLE. *****

The following information is included on the back of the cards.

Please let us know what to put in these sections.

Course Location: This section can either reflect the employer group you work for or the organization or location of the class taught. We will leave your course location blank unless you specify some other entry below.

What would you like us to put in the Course Location section? _____

or Leave Course Location Blank

Instructor: This section is where the lead instructor who taught the course is listed. For those of you who buy cards for your own personal distribution, please print your name below as you would like it to be listed in the instructor section. For those of you who purchase cards for use by multiple instructors, either print the name of an instructor who participates in each class or leave this section blank so that you can fill in the actual instructor responsible for the class once it is completed. What name / Instructor ID would you like us to put in the Instructor section?

Name: _____ / ID#: _____

or Leave Instructor Section Blank

Other: If space permits, we are able to list a contact number for either the instructor or the course location. This phone number can be used by students to call for further information or when refresher training is needed. It can refer them back to an employer group or back to an individual instructor. This phone number listing is *optional* and can only be accomplished if space permits in either the "Course Location" or "Instructor" sections.

Would you like a contact number listed (if space permits)? No Yes (_____)

**All card orders will be shipped with a copy of the sales receipt or invoice unless otherwise directed.
 To whom and where should we mail the completed cards and receipt/invoice?**

Please Send With Payment To: Health Counseling Services 615 First Avenue NE, Suite 310 Mpls, MN 55413

Office Use Only:
 Date Order Filled ____/____/____ By _____

Revised 10/2011