

# CARD ORDER FORM EFFECTIVE 4/1/11

## SUBJECT TO CHANGE

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 CPR Cards**      Number of Cards Requested \_\_\_\_\_ x \$3.50 each = \_\_\_\_\_  
 Leave Name and Dates Blank       Print Submitted Names and Dates

**Heartsaver First Aid Cards**      Number of Cards Requested \_\_\_\_\_ x \$3.50 each = \_\_\_\_\_  
 Leave Name and Dates Blank       Print Submitted Names and Dates

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

**Heartsaver CPR in Schools**      Number of Cards Requested \_\_\_\_\_ x \$3.00 each = \_\_\_\_\_  
 Leave Name and Dates Blank       Print Submitted Names and Dates

**Heartsaver Pediatric First Aid**      Number of Cards Requested \_\_\_\_\_ x \$3.50 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 3/2011