



2022 AHA MATERIALS ORDER FORM

Name: _____ Date: _____
 Organization: _____ Phone: _____
 Address: _____ City: _____ ST: _____ Zip: _____
 Lead Instructor: _____ Location: _____
 E-mail Address: _____ Alignment Fee \$ _____ Site Fee \$ _____

Please submit course roster for the E-cards that you are ordering. After all required paperwork & payment are received, E-cards will be issued. EMT Associates TCC reserves the right to refuse issuance of any E-cards. ACLS, ACLS-EP, PALS and Instructor Courses must be pre-approved by Mary Vaughan. **!!ALL E-CARDS MUST BE PRE-PAID!!**

| Type of E-Cards: | Current Price: | # Requested: | | | | Total: |
|---|-------------------------------|-------------------------------|---|--------------|---|----------|
| <input type="checkbox"/> BLS HCP Provider | \$8.00/Card | _____ | X | \$8.00/Card | = | \$ _____ |
| <input type="checkbox"/> HeartSaver CPR/AED | \$23.50/Card | _____ | X | \$23.50/Card | = | \$ _____ |
| <input type="checkbox"/> HeartSaver First Aid | \$23.50/Card | _____ | X | \$23.50/Card | = | \$ _____ |
| <input type="checkbox"/> HeartSaver First Aid/CPR/AED | \$23.50/Card | _____ | X | \$23.50/Card | = | \$ _____ |
| <input type="checkbox"/> HeartSaver Pediatric First Aid | \$23.50/Card | _____ | X | \$23.50/Card | = | \$ _____ |
| <input type="checkbox"/> ACLS | \$17.00/Card | _____ | X | \$17.00/Card | = | \$ _____ |
| <input type="checkbox"/> ACLS-EP | \$18.00/Card | _____ | X | \$18.00/Card | = | \$ _____ |
| <input type="checkbox"/> PALS | \$17.00/Card | _____ | X | \$17.00/Card | = | \$ _____ |
| <input type="checkbox"/> PEARS | \$17.00/Card | _____ | X | \$17.00/Card | = | \$ _____ |
| Instructor Cards: | | | | | | |
| <input type="checkbox"/> BLS | <input type="checkbox"/> ACLS | <input type="checkbox"/> PALS | X | \$35.00 | = | \$ _____ |

Please load cards to my AHA Instructor account Please make e-cards for me [\$20 Fee per page of 10 names]

E-card Processing Fee: 1-11 Cards \$4.25 12-99 Cards \$8.75 100+ Cards \$12.75 = \$ _____

| | | | | | |
|------------------------------|--|-------------------------------|--------------------------------------|-------------------|-------------------------|
| Replacement Cards: | Heartsaver & All Instructor Cards | X | \$35.00/Card | = | \$ _____ |
| <input type="checkbox"/> BLS | <input type="checkbox"/> ACLS | <input type="checkbox"/> PALS | <input type="checkbox"/> Other _____ | X | \$30.00/Card = \$ _____ |
| Course Date: ____/____/____ | | Location: _____ | | Instructor: _____ | |

PAYMENT INFORMATION:

GRAND TOTAL = \$ _____

I wish to pay by:
 Check Discover Mastercard Visa American Express

CREDIT CARD #: _____ - _____ - _____ EXP DATE: ____/____/____ CVS CODE [back of card]: _____

CARDHOLDER NAME or COMPANY TO BE INVOICED: _____

CARDHOLDER or AUTHORIZED PERSONNEL SIGNATURE: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____