

2010 CARD ORDER FORM

LifeSavers TC Version 2010

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 \$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

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

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

***** Note: If you have us "Print Submitted Names and Dates" please make Total = _____**
sure 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.

Training Site: This section can either reflect the employer group you work for or the organization or location of the class taught. Some instructors list "Independent" as training site. We will list your training site as "Independent" unless you specify some other entry below.

What would you like us to put in the Training Site section? _____

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 would you like us to put in the Instructor section? _____

or Leave Instructor Section Blank

Date of Order : _____ **Instructor Contact # if questions regarding order:** _____

To whom and where should we mail the completed cards?
(One address only)

Please Send Payment To: LifeSavers 2033 S. Skyline Drive Burnsville, MN 55337 (952.890.6770)