

2012 CARD ORDER FORM

LifeSavers TC Version 2012

Course Type	Number of Cards Requested	Cost (\$4.00 per card)	Card Completion
Healthcare Provider			<input type="checkbox"/> Leave Name and Dates Blank
			<input type="checkbox"/> Print Submitted Names and Dates
Heartsaver CPR AED			<input type="checkbox"/> Leave Name and Dates Blank
			<input type="checkbox"/> Print Submitted Names and Dates
Heartsaver First Aid CPR AED			<input type="checkbox"/> Leave Name and Dates Blank
			<input type="checkbox"/> Print Submitted Names and Dates
Heartsaver First Aid			<input type="checkbox"/> Leave Name and Dates Blank
			<input type="checkbox"/> Print Submitted Names and Dates
Total Payment			**Blank cards are preferred and will be received in less time**

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

Please let us know what to put in these sections.

If this section is not filled out completely – it will delay the order from being completed.

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.

Training Site: _____

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. *You will be responsible to fill in the instructor # if you are ordering blank cards. If instructor # is left blank, the card can be deemed invalid.*

Instructor Name: _____

Instructor ID # (11 digits): _____

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 (612.987.5374)