

## St David's Institute for Learning BLS/ACLS/PALS COURSE eCARD ORDER FORM

Materials	Quantity	@	Cost
BLS/HCP ecards	_____	@ \$2.40 each	_____
Heartsaver ecards	_____	@ \$17.00 each	_____
Indicate type of Heartsaver ecard: ___HS CPR/AED ___HS First Aid ___HS First Aid/CPR/AED			
ACLS ecards	_____	@ \$5.40 each	_____
PALS ecards	_____	@ \$5.40 each	_____
<b>Total</b>			<b>\$ _____</b>

**If ordering cards for more than one instructor indicate below:**

Instructor Name: \_\_\_\_\_ Number of cards \_\_\_\_\_  
 Instructor Name: \_\_\_\_\_ Number of cards \_\_\_\_\_  
 Instructor Name: \_\_\_\_\_ Number of cards \_\_\_\_\_

Today's Date: \_\_\_\_\_ Date Needed: \_\_\_\_\_  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Facility & Dept./Unit \_\_\_\_\_ Dept./Cost Center \_\_\_\_\_  
 Director/Supervisor Signature \_\_\_\_\_

**Make checks payable to:**  
 St. David's Institute for Learning

**Mail to:**  
 St. David's Institute for Learning  
 CPR-ECC Training Center  
 7800 Shoal Creek Blvd. 110-N  
 Austin, TX 78757

**or**  
 Scan/email to  
 Robert.williams@stdavids.com

Office Use Only

Date Delivered \_\_\_\_\_

Delivered by: \_\_\_\_\_

Paid by: \_\_\_Check \_\_\_Cash \_\_\_Credit Card  
 \_\_\_Dept (must have Dept/Cost Ctr)

**CREDIT CARD PAYMENT—Indicate card type**  
VISA MasterCard Discover American Express

Name on Card: \_\_\_\_\_  
 Account No. \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ Zip \_\_\_\_\_  
 Exp. Date: \_\_\_\_\_ CVC \_\_\_\_\_

Signature: \_\_\_\_\_