

**St David's Institute for Learning**  
**BLS/ACLS/PALS COURSE CARD ORDER FORM**

Materials	Quantity	@	Cost
BLS/HCP cards (24/pkg)	_____	\$1.55 ea/\$37/pkg	_____
Heartsaver Cards (24/pkg)	_____	\$1.55 ea/\$37/pkg	_____
Indicate type of Heartsaver card: ___HS CPR/AED ___HS First Aid ___HS First Aid/CPR/AED			
ACLS cards (24/pkg)	_____	\$3.50 ea/\$83/pkg	_____
PALS Cards (24/pkg)	_____	\$3.50 ea/\$83/pkg	_____

**Total \$** \_\_\_\_\_

Date: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

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. 124-S

Austin, TX 78757

or

Fax form to: (512) 544-0130; if you have

questions: (512) 544-0100

Office Use Only

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

Delivered by:

\_\_ Picked up by \_\_\_\_\_

\_\_ Mailed by \_\_\_\_\_

\_\_ Interoffice

\_\_ US mail

\_\_ Other

Paid by: \_\_ Check \_\_ Cash \_\_ Credit Card

\_\_ Dept (must have Dept/Cost Ctr)

**CREDIT CARD PAYMENT-- Please charge my**

VISA  MasterCard  Discover  American Express

Name on Card: \_\_\_\_\_

Account No. \_\_\_\_\_

Exp. Date: \_\_\_\_\_

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