



University of Missouri Health System

AHA TRAINING CENTER

COMBINED ORDER FORM

Effective January 24, 2018

INSTRUCTOR Ordering Materials: _____
(Must be a current Instructor and aligned with MUHC AHA TC 02648)

Location: _____ Email: _____

Work Phone Number: _____ Home Phone Number: _____

Ship To (if different than Instructor): _____ Phone: _____

Shipping Address: _____
Street/P.O. box City State Zip

NOTE: All E-cards will be assigned to the Instructor listed on this form as ordering the cards. That Instructor will then be responsible for assigning the cards to the individual students. You may note on the form or let me know if you need the order assigned to multiple instructors. **PLEASE ALLOW 1-2 WEEKS FOR ORDERS TO BE PROCESSED.**

Payment:

Purchase Order #: _____ or Check #: _____

Credit Card Type Visa MasterCard Discover Credit Card #: _____
(Please Circle):

CC Expiration Date: _____ Name as appears on card: _____

# of CARDS	ITEM DESCRIPTION	E-CARDS	PRICE PER CARD	ITEM AMOUNT
	ACLS Provider	<input type="checkbox"/> E-card, 15-3000	\$12.00	
	BLS Provider	<input type="checkbox"/> E-card, 15-3001	\$10.00	
	Heartsaver K-12	<input type="checkbox"/> E-card, 15-3011	\$4.00	
	Heartsaver First Aid	<input type="checkbox"/> E-card, 15-3005	\$20.00	
	Heartsaver CPR AED	<input type="checkbox"/> E-card, 15-3004	\$20.00	
	Heartsaver First Aid CPR AED	<input type="checkbox"/> E-card, 15-3002	\$20.00	
	Heartsaver-Pediatric First Aid CPR AED	<input type="checkbox"/> E-card, 15-3003	\$20.00	
	PALS Provider	<input type="checkbox"/> E-card, 15-3006	\$12.00	
	BLS Instructor Card (15-1804) – not available as an E-card		12.00	
	ACLS Instructor Card (15-1802) – not available as an E-card		12.00	
	PALS Instructor Card (15-1806) – not available as an E-card		12.00	
			SUBTOTAL	
			PROCESSING	\$3.00
	There is no Shipping charge for the E-cards.		SHIPPING if applicable	
			TOTAL CHARGES FOR ORDER:	

Mail Orders to:

(Address must be EXACTLY as shown) University of Missouri Health Care
Center for Educ & Dev, DC030.00
Attn: Training Center
2401 Industrial Blvd.
Columbia MO 65212

Make Check or Money Order Payable to:

University of Missouri Health Care
ADD \$3.00 processing fee to ALL Orders
Shipping Fees: \$1.00 - \$50.00 = \$5.00
\$50.01 - \$100.00 = \$10.00
>\$100.00 = \$20.00

Fax Orders to: (573) 884-5215 OR email to: riessj@health.missouri.edu

For questions regarding an order, call (573) 884-2751

Visit our website at <http://ced.muhealth.org>