

# Healthcare/Provider Advanced Payment Form

**Mary Cunningham's American Heart Association Training Center**  
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**15424 Hawthorne Blvd Suite 302, Lawndale, CA 90260 WWW.CPRFUN.COM**

STUDENT INFORMATION (PLEASE PRINT CLEARLY)

First name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last name \_\_\_\_\_  
Your email where we will send your receipt \_\_\_\_\_  
Your street address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Your Mobile phone \_\_\_\_\_ Work phone \_\_\_\_\_

**HEALTHCARE PROVIDERS COURSES (Fees include \$2 credit/debit card service charge)**

- Check the box for Courses & Books you want:** (if you need assistance filling out form, please call our office@ 310-219-0779)
- [1] BLS for Healthcare Provider CPR/AED includes student manual (for medical personnel).....\$62
  - [2] BLS Renewal Combo Discount; BLS+ (ECG or ACLS or PALS or 12 Lead).....\$42
  - [3] ECG/Pharm Introduction or  [4] 12 Lead/STEMI or  [5] Monitor Tech.....\$102
  - [6] ACLS Renewal or  [7] PALS Renewal .....\$132
  - [8] ACLS Full Course or  [9] PALS Full Course.....\$182
  - [10] ECG+ACLS Combo Discount or  [11] ECG+PALS Combo Discount .....\$242
  - [12] ECG+12 LEAD Combo Discount or  [13] 12 LEAD+Mon Tech Combo Discount.....\$192
  - [14] Monitor Tech Combo Discount; ECG + 12 LEAD + Monitor Tech.....\$282
  - [15] ECG/Pharmacology AHA Manual or  [16] BLS/CPR AHA Student Manual.....\$22
  - [17] ACLS AHA Manual or  [18] 12 Lead/STEMI AHA Manual.....\$42
  - [19] PALS AHA Manual.....\$52
  - [20] Instructor Program: AHA CPR Instructor Training Course.....\$262
  - [21] Replacement for above Cards are \$17 for each type of card needed \$17 x number of cards needed.....\$ \_\_\_\_\_
- Total amount of purchase .....\$ \_\_\_\_\_

Fees paid for products and services are valid for 60 days. Students who are absent or are more than 10 minutes late for class will not be admitted and must pay a \$50 rescheduling fee. Refunds to individual students will be granted less a \$50 cancellation/rescheduling fee. No refunds on books and products.

The American Heart Association strongly promotes knowledge and proficiency in BLS, ACLS, and PALS and has developed instructional materials for this purpose. Use of these materials in an educational course does not represent course sponsorship by the American Heart Association, and any fees charged for such a course do not represent income to the Association.

Name of class(es) \_\_\_\_\_ Date of class(es) \_\_\_\_\_

**Payment for Group Class:** Please call our office and negotiate a discounted rate for a group of 10 or more students at your facility or ours and then from the list above, enter the number of the class you want here [\_\_\_\_], enter the number of persons to be trained here [\_\_\_\_] x cost per student here [\$\_\_\_\_] = total cost for the group class [\$\_\_\_\_\_].

Payment may be made by money order, credit/debit card, business check, **no** personal checks.

Name of your organization \_\_\_\_\_

Address where class is to be held \_\_\_\_\_

Date of class \_\_\_\_\_ Time of class \_\_\_\_\_

Payment in full for the class must be received 7 calendar days prior to class. A cancellation fee of \$100 will be charged for classes cancelled less than 5 days prior to class date. No refunds for students late or absent from class.

**Amount of Payment \$ \_\_\_\_\_ Type Of Payment:**

Cash  Business check (sorry, no personal checks accepted) \$25 service charge applies to any checks returned for any reason,  Money order,  Visa,  Mastercard,  Discover

Card Number \_\_\_\_\_ Vcode on reverse of card \_\_\_\_\_

Expiration date \_\_\_\_\_ Zip code where credit card bill sent \_\_\_\_\_

Print name of card holder \_\_\_\_\_

I agree that I am paying for the training and products for the person who's name appears above.

Print Name \_\_\_\_\_

Date \_\_\_\_\_ Signature of Card Holder \_\_\_\_\_

Please email this completed form to [marvcprfun@yahoo.com](mailto:marvcprfun@yahoo.com) then call our office to make sure we received it.