

Online Renewal Healthcare Payment Form

Mary Cunningham's American Heart Association Training Center
Office 310-219-0779 Mobile 310-466-9164 email marycprfun@yahoo.com
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 & Key Code _____
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)
(Book purchase for Online Recert is not Mandatory, as the online course is your book)

- [1] BLS ONLINE Recertification for Healthcare Provider CPR/AED, Online Key Code(for medical personnel).....\$82
 [2] ACLS ONLINE Recertification, Online Key Code(for medical personnel).....\$232
 [3] COMBO Online, BLS Recertification + ACLS Recertification.....\$312
 [4] 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 marycprfun@yahoo.com then call our office to make sure we received it.