

APCO EMD 2005 AHA Guidecard Updates

Orders will NOT be processed without this form. This form should be completed and returned to the APCO Institute at fax number 386-322-9766.

Ship to:			Bill to:		
Name:			Name:		
Agency:			Agency:		
Address:			Address:		
City:	St:	Zip:	City:	St:	Zip:
Phone:	Fax:		Phone:	Fax:	

QTY	AHA 2005 Guide Card Updates	Unit Price	S&H	Total
		\$29.00 per set	7%	
<u>PAYMENT MUST ACCOMPANY YOUR ORDER</u>		Sub Total		
Orders will not be processed without a copy of an actual purchase order. NOTE: New Jersey—Mail Original PO Only. Purchase order numbers alone do not validate orders. (US Funds Only)		WA State add 8.5% Sales tax		
CHECK ENCLOSED # _____		Call for expedited or int'l shipping rates		
VISA MASTERCARD DISCOVER AMEX		Total		
# _____ EXP _____ 3/4 Digit Security Code _____				
Name on Card _____				
Signature _____ Address _____				

APCO Institute EMD Services

LETTER OF MEDICAL CERTIFICATION (must be completed)

This agency accepts the updated copy of of the AHA 2005 Guidelines for CPR. I understand that any changes that we may request after final acceptance will require additional payment of fees.

Signed this _____ day of _____, Year _____

Signature _____

Printed Name _____

Agency _____

Mail or Fax to:	APCO Institute 351 N. Williamson Blvd. Daytona Beach, FL 32114-1112	Phone: 386-322-2500 or FAX 386-322-9766 Email: institute@apco911.org
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