



For additional information please call...

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Lanier Technical College
Attn: AHA Training Center
2990 Landrum Education Drive
Oakwood, GA 30566

Please ship cards to:		Please mail invoice to:	
Site Name:			
Contact Person:			
Address:			
Phone #	FAX	Email	

Card Type	Price Per Card	Requested Number
Healthcare Provider	\$4.00 (\$3.00 if 1500+)	
Heartsaver CPR	\$4.00 (\$3.00 if 1500+)	
Heartsaver AED	\$4.00 (\$3.00 if 1500+)	
Heartsaver First Aid	\$4.00 (\$3.00 if 1500+)	
Heartsaver Pediatric First Aid	\$4.00 (\$3.00 if 1500+)	
ACLS Provider	\$5.00 (\$4.00 if 1500+)	
ACLS EP Provider	\$5.00 (\$4.00 if 1500+)	
PALS Provider	\$5.00 (\$4.00 if 1500+)	

Method of Payment

Check # _____ Cash Invoice Must provide P.O. # _____

MasterCard VISA Card# _____ V Code _____ Exp. Date _____

Card Holder (Please Print): _____ Date _____

Authorized By (Name/Title): _____

Signature only needed for invoice and credit card payments.