



STUDENT ROSTER

INSTRUCTOR INFORMATION

Lead Instructor: _____

Instructor Card Expiration Date: _____

Training Site (optional) _____

Address: _____

City: _____ State: _____

Zip: _____

Phone: _____ Alt. Phone: _____

Asst. Instructor(s): _____

Date of Course: _____ Total Students: _____

CARD INFORMATION

\$4.00 each (\$5.00 each if mailed directly to student)

Total Cards Needed: _____

Card Distribution (Check One):

- Send cards to Instructor at address above
- Send cards to Instructor – other address (Please indicate below)

- Send cards directly to students*

COURSE INFORMATION

Please mark the course taught:

- Healthcare Provider
- Heartsaver (All Ages)
- Heartsaver Adult/Child
- Heartsaver Infant
- Heartsaver (*All Ages with AED*)
- Heartsaver (*Adult/Child with AED*)
- CPR In Schools
- Friends and Family
- BLS Instructor
- Heartsaver First Aid Instructor
- Heartsaver Pediatric First Aid & CPR
- Heartsaver First Aid (circle all that apply)

-Adult/Child CPR

-Infant CPR

-Adult AED

-Environmental

PAYMENT INFORMATION

- Check Enclosed (make payable to CPR Professionals)
- Credit Card (Visa or MasterCard only)

Card Number: _____

Exp. Date: _____ Sec. Num. _____

