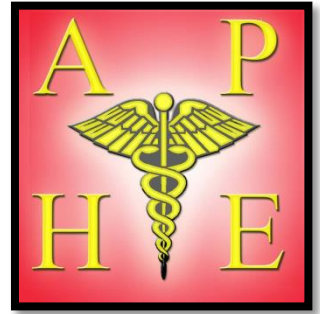


APHE, LLC
Attention: Card Replacement
PO Box 180062
Delafield, WI 53018-0062
info@aphed.com
Telephone: 414-791-5018
Fax: 262-458-4131



AHA Card Replacement Instructions

1. Print and complete the following form
2. Include replacement fee (credit card) - **CIRCLE ONE** (if none circled, RUSH charge will apply)
 - Standard delivery (eCard emailed within 7-10 business days) **\$10**,
 - Rush delivery (eCard emailed on next business day) **\$20**
3. Mail, fax, or email to the information provided above.

COMPLETE THIS SECTION

First & Last Name (as you would like it to appear on your card):

Street Address:

City: State: ZIP:

Email:

Telephone:

Date & Location of Course:

Type of Course Taken (Circle All that Apply):

CPR First Aid ACLS PALS

Credit Card Payments - Complete this section

Name on Credit Card: _____

Card Number _____ - _____ - _____ - _____

Expiration Date: ____ - ____ Signature Code (3 digits on back): ____ - ____

Signature _____