



## Product Replacement Order Form

Name: \_\_\_\_\_ Customer ID: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Product Information:** Please place an X next to the product you would like to replace.  
(Limit one of each product per order)

- \_\_\_\_ Certified Cardiac Device Specialist—Physician Pin (\$10.00)
- \_\_\_\_ Certified Cardiac Device Specialist—Allied Professional Pin (\$10.00)
- \_\_\_\_ Certified Electrophysiology Specialist—Physician Pin (\$10.00)
- \_\_\_\_ Certified Electrophysiology Specialist—Allied Professional Pin (\$10.00)
- \_\_\_\_ Certified Cardiac Device Specialist—Physician Certificate (\$15.00)
- \_\_\_\_ Certified Cardiac Device Specialist—Allied Professional Certificate (\$15.00)
- \_\_\_\_ Certified Electrophysiology Specialist—Physician Certificate (\$15.00)
- \_\_\_\_ Certified Electrophysiology Specialist—Allied Professional Certificate (\$15.00)

**Method of Payment** (Note: Full payment is due with form)

- Check enclosed (please make check payable to the International Board of Heart Rhythm Examiners)  
 Charge my credit card:  MasterCard  Visa  American Express

Name on Credit Card: \_\_\_\_\_

Card #: \_\_\_\_\_ Expiration Date \_\_\_\_\_

CVV (Security Code): \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Please allow 2-3 weeks for processing and delivery. For questions and/or additional information please contact:

**Email to IBHRE Associate Director: [info@ibhre.org](mailto:info@ibhre.org) or fax to 1-877-386-1044**

*Updated 1/31/20 20*