

e-HIM® Virtual Lab – ORDER FORM
Student Enrollment Codes
For Bookstore Use Only

Virtual Lab Student Enrollment Codes: A unique enrollment code is required for each student to complete his/her individual account registration in the Virtual Lab. For volume orders, enrollment codes are provided to bookstores via a text file listing all of the codes ordered. Individual enrollment codes can be distributed by your store as students purchase them. Each enrollment code can be used only one time. Enrollment codes give students Virtual Lab access **for 1 year from the date they redeem the code.**

Return Policy: ENROLLMENT CODES CAN BE REDEEMED UP TO TWO YEARS AFTER PURCHASE! However, if necessary, unused VLab codes are eligible for a refund if cancelled within 90 days of the date of purchase. Refunds will not be issued after 90 days from the purchase date.

VLab Student Enrollment Code	Product Code	Unit Price	Quantity	Total Price
VLab All Access Student Enrollment Code	VLABBULK	\$110		
VLab Encoder Only Student Enrollment Code	VLABENBULK	\$85		

School Name (what school roster should the codes be attached to?): _____

Organization (what bookstore is purchasing the codes?): _____

Billing Contact (include AHIMA ID# if known): _____

Ship To:	Bill to: (if different from shipping address)
Street 1: _____	Street 1: _____
Street 2: _____	Street 2: _____
City: _____	City: _____
State: _____ ZIP: _____	State: _____ ZIP: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____
Email: _____	Email: _____

Please fill in the VLab total line and fill out the Method of Payment information below.

Method of Payment By Mail: <input type="checkbox"/> Check is enclosed Make check payable to AHIMA	Mail to: AHIMA Department 77-2735 Chicago, IL 60678-2735 Fax to: 312-233-1500	Virtual Lab Total: _____ Payment (purchase order, check, or charge) <i>must</i> accompany enrollment form. <u>Email to: purchase@ahima.org</u>
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Purchase order attached, P.O. Number: _____

Charge Type: Visa MasterCard American Express

Credit Card Number: _____ Expiration Date: ____/____ CVV: _____

Credit Card Holder's Name: _____

Please enter the billing address and zip code of the credit card used for this transaction.

Credit Card Holder's Address: _____

Signature: _____