VLab Enrollment Code Order Form (For Currently Enrolled Organizations 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 organizations via a text file listing all of the codes ordered. Individual enrollment codes can be distributed by your organization as students need 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.

- Student Membership Eligibility (PLEASE READ): To be eligible for the discounted Student Membership rate, a student cannot hold an AHIMA credential or be registered for an exam and must be currently enrolled in a formal certificate or degree-granting program relevant to AHIMA's purpose (including, but not limited to, CAHIIM-accredited or PCAP/ACCP-approved coding programs). Student membership is valid for one year from your join date. An individual can be a Student member for up to four years if all eligibility requirements are met.

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 30 days of the date of purchase, minus a $25 cancellation fee. Refunds will not be issued after 30 days from the purchase date. Payment portion for AHIMA membership dues (discounted at $35) is nonrefundable and membership is nontransferable.

Organization Name: ___________________________________________________________________________

AHIMA School ID# (REQUIRED unless new VLab school, to ensure orders are placed on correct account): ____________

Billing Contact: ____________________________________________________________

Ship To: Street 1: __________________________ Street 1: __________________________

Street 2: __________________________ Street 2: __________________________

City: __________________________ City: __________________________

State: _____ ZIP: __________ State: _____ ZIP: __________

Phone: __________ Fax: __________ Phone: __________ Fax: __________

Email: ____________________________________________________________________________

Are you purchasing codes for multiple campuses that are currently separate entities in the VLab Academy? ________

- If you answered Yes to the above, please attach a separate sheet and provide the name of each campus and the number of student enrollments you will need for each campus.

<table>
<thead>
<tr>
<th>VLab Student Enrollment Code</th>
<th>Rate Code</th>
<th>Unit Price</th>
<th>Quantity</th>
<th>Total Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>VLab All Access Student Enrollment Code</td>
<td>VLABBULK</td>
<td>$110</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VLab Encoder Only Student Enrollment Code</td>
<td>VLABENBULK</td>
<td>$85</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VLab All-Access w/ 1 year Student Membership</td>
<td>VLABMEMBOO</td>
<td>$145</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VLab Encoder Only w/ 1 year Student Membership</td>
<td>VLABENMBOO</td>
<td>$120</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2018-19 VLab Enrollment Code Order Form (Effective March 2019)
Please fill in the VLab total line and fill out the Method of Payment information below.

Method of Payment
By Mail:

☑ Check is enclosed

Mail to:
AHIMA
Department 77-2735
Chicago, IL 60678-2735

VLab Total: _______________________

Payment (purchase order, check, or charge) must accompany enrollment form.

Make check payable to AHIMA
Fax to: 312-233-1500
Email to: purchase@ahima.org

☑ Purchase Order (purchase order MUST BE ATTACHED to this form or the order will not be processed)

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: __________________________________________________________________________

Payment (purchase order, check, or charge) must accompany enrollment form.

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