

## 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: \_\_\_\_\_

<p><b>Ship To:</b></p> <p>Street 1: _____</p> <p>Street 2: _____</p> <p>City: _____</p> <p>State: _____ ZIP: _____</p> <p>Phone: _____ Fax: _____</p> <p>Email: _____</p>	<p><b>Bill To: (if different from shipping address)</b></p> <p>Street 1: _____</p> <p>Street 2: _____</p> <p>City: _____</p> <p>State: _____ ZIP: _____</p> <p>Phone: _____ Fax: _____</p> <p>Email: _____</p>
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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.

VLab Student Enrollment Code	Rate Code	Unit Price	Quantity	Total Price
VLab All Access Student Enrollment Code	VLABBULK	\$110		
VLab Encoder Only Student Enrollment Code	VLABENBULK	\$85		
VLab All-Access w/ 1 year Student Membership	VLABMEMBOO	\$145		
VLab Encoder Only w/ 1 year Student Membership	VLABENMBOO	\$120		

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

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**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](mailto:purchase@ahima.org)**

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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: \_\_\_\_\_