

# VLab Enrollment Code Order Form (For Currently Enrolled Organizations Only)

Organization Name: \_\_\_\_\_

AHIMA School ID# (**REQUIRED**, to ensure orders are placed on correct account): \_\_\_\_\_

Billing Contact: \_\_\_\_\_

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: _____

# of All Access enrollments you are purchasing: \_\_\_\_\_ # of Encoder Only enrollments you are purchasing: \_\_\_\_\_

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.

How will VLab Access be paid for? Please select all that apply:

Organization will pay for all students - Codes are good for 365 days from date of redemption and cost **\$100** each for **All Access VLab** and **\$75** for **Encoder Only VLab**.

- If students will purchase from the organization's bookstore and you want to place a bookstore order, please complete the Bookstore Order Form located at [ahima.org/education/vlab](http://ahima.org/education/vlab) **INSTEAD** of this form.)

If the Organization will be paying for student redemption codes, please fill in the VLab total line (total price for all codes you are purchasing) and fill out the Method of Payment information below.

**Refund Policy:** Unused codes are eligible for a refund if cancelled within thirty days after the date of purchase, minus a \$25 cancellation fee. Refunds will not be issued after 30 days from the purchase date. For more information reference the *Online Education Refunds* section of our refund policy found here: <https://www.ahimastore.org>Returns.aspx>

**Method of Payment**  
**By Mail:**

Check is enclosed

**Make check payable to AHIMA**

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

**By Fax: 312-233-1500**

**VLab Total:** \_\_\_\_\_

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

**By Email: [purchase@ahima.org](mailto: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: \_\_\_\_\_