VLab Access Code Order Form (For Currently Enrolled Schools Only)

Organization Name: ____________________________________________________________

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

Billing Contact:

Bill To: (if different from shipping address)

Ship To:

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<tr>
<th>Street 1:</th>
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<tbody>
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<td>Street 2:</td>
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<td>City:</td>
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<td>ZIP:</td>
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Phone: ______________ Fax: ______________ Email: ________________________________

# of enrollments you are purchasing: ______  # of campuses in your organization that will use VLab: ________

Will each campus be its own entity and require its own special designation? ______

- 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
- Students will purchase from the organization’s bookstore – Codes are good for 365 days from date of redemption and will cost $110 each

(If this option is selected please ensure the bookstore order form is complete and submitted with this agreement)

If the Organization will be paying for student redemption codes, please fill in the VLab total line and fill out the Method of Payment information below.

Method of Payment

- Mail to: AHIMA
- Department 77-2735
- Chicago, IL 60678-2735
- Payment (purchase order, check, or charge) must accompany enrollment form.

- By Fax: 312-233-1500

- 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 ___________________________ Exp. Date ___________________________

Printed Name as it Appears on Card: ____________________________________________

Cardholder Signature: __________________________________________________________