

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.**

- **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 90 days of the date of purchase. Refunds will not be issued after 90 days from the purchase date. Payment portion for AHIMA membership dues (discounted at \$35) is nonrefundable and membership is nontransferable.

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		
VLab All-Access w/ 1 year Student Membership	VLABMEMBOO	\$145		
VLab Encoder Only w/ 1 year Student Membership	VLABENMBOO	\$120		

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): _____

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

Virtual Lab 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 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: _____