

AHIMA VLab™ – ORDER FORM

Student Enrollment Codes (*For Bookstore Use Only*)

AHIMA VLab™ Student Enrollment Codes: A unique enrollment code is required for each student to complete his/her individual account registration in the AHIMA VLab™. 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 AHIMA VLab™ access **for 1 year from the date they redeem the code.**

Return Policy: ENROLLMENT CODES CAN BE REDEEMED UP TO TWO YEARS AFTER PURCHASE! However, if necessary, unused AHIMA 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.

- As of January 2 2020, all new codes purchased will give students access to their courses via the new Brightspace LMS, which will be accessed through the new AHIMA Learning Center.

AHIMA VLab™ Package/Bundle	Rate Code	Unit Price	Quantity	Total Price
AHIMA VLab™ Health Information Administrator	VLBULK01	\$100		
AHIMA VLab™ Medical Coder	VLENC01	\$75		
AHIMA VLab™ HI Admin & MediRegs Bundle	VLWKBUN	\$239		
AHIMA VLab™ Medical Coder & MediRegs Bundle	ENWKBUN	\$214		

Organization (what bookstore is purchasing the codes?): _____

Billing Contact _____

<div style="background-color: #f0f0f0; padding: 2px; margin-bottom: 5px;">Ship To:</div> Street 1: _____ Street 2: _____ City: _____ State: _____ ZIP: _____ Phone: _____ Fax: _____ Email: _____	<div style="background-color: #f0f0f0; padding: 2px; margin-bottom: 5px;">Bill to: (if different from shipping address)</div> Street 1: _____ Street 2: _____ City: _____ State: _____ ZIP: _____ Phone: _____ Fax: _____ Email: _____
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Please fill in the AHIMA VLab™ total line and fill out the Method of Payment information below.

Method of Payment By Mail: <input type="checkbox"/> Check is enclosed Make check payable to AHIMA	Mail to: AHIMA Department 77-2735 Chicago, IL 60678-2735	AHIMA VLab™ Total: _____ Payment (purchase order or check) <i>must</i> accompany enrollment form. Email to: purchase@ahima.org
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Purchase order attached, P.O. Number: _____

To pay by credit card, please call AHIMA Customer Relations at 800-335-5535.