

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.**

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.

Organization Name: _____

AHIMA School ID# (**REQUIRED** unless new VLab school, 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: _____

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	\$100		
VLab Encoder Only Student Enrollment Code	VLABENBULK	\$75		

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

Method of Payment By Mail: <input type="checkbox"/> Check is enclosed	Mail to: AHIMA Department 77-2735 Chicago, IL 60678-2735	VLab Total: _____ Payment (purchase order, check, or charge) <i>must</i> accompany enrollment form.
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Make check payable to AHIMA **Fax to: 312-233-1488** **Email to: 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: _____