

**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.
- If you had students begin their course before January 2 2020, and new students redeem codes purchased after that date, please be aware that your new students will be in a different LMS environment than previous students.

AHIMA VLab Student Enrollment Code	Product Code	Unit Price	Quantity	Total Price
AHIMA VLab All Access	VLBULK01	\$110		
AHIMA VLab Encoder Only	VLENC01	\$85		

Organization (what bookstore is purchasing the codes?): \_\_\_\_\_

Billing Contact (include AHIMA ID# if known): \_\_\_\_\_

<div style="background-color: #e0e0e0; padding: 2px; margin-bottom: 5px;"><b>Ship To:</b></div> Street 1: _____ Street 2: _____ City: _____ State: _____ ZIP: _____ Phone: _____ Fax: _____ Email: _____	<div style="background-color: #e0e0e0; padding: 2px; margin-bottom: 5px;"><b>Bill to: (if different from shipping address)</b></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.

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

Purchase order attached, P.O. Number: \_\_\_\_\_

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