

**e-HIM<sup>®</sup> 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 365 days from the moment they redeem the code.**

**Return Policy: ENROLLMENT CODES DO NOT EXPIRE!** As long as it has not been redeemed, the code may be used at any time. However, if necessary, unused codes are eligible for a refund if cancelled within 90 days after the date of purchase. Refunds will not be issued after 90 days from the purchase date.

<b>VLab Student Enrollment Code</b>	<b>Rate Code</b>	<b>Unit Price</b>	<b>Quantity</b>	<b>Total Price</b>
All Access Virtual Lab Student Enrollment Code – Full-year	STD	\$110		
Encoder Only Virtual Lab Student Enrollment Code – Full-year	STD	\$85		

School Name: \_\_\_\_\_ Organization: \_\_\_\_\_

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

**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: \_\_\_\_\_

**Method of Payment**  
**By Mail:**

**Mail to:**  
**AHIMA**  
**Department 77-2735**  
**Chicago, IL 60678-2735**

**Virtual Lab Total:** \_\_\_\_\_

Check is enclosed

**Payment (purchase order, check, or charge) *must* accompany enrollment form.**

**Make check payable to AHIMA**

**By Fax: 312-233-1500**

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: \_\_\_\_\_