

# BLACK HAT DC 2010 SUBSTITUTE REQUEST FORM

Use one form per registrant. Complete this form in its entirety and return it by January 15, 2010. If you complete this form after January 15, please bring a completed form with you to the Black Hat Registration "Customer Service" Desk.

Email: bh-reg@blackhat.com

Fax +1 206 219 4143

Tel: +1 206 443 5489 (GMT - 8)

Please print legibly.

Original Registrant Name:

Order Confirmation Number of Original Registrant:

Original Registrant Telephone Number:

Original Registrant Email:

I understand that I am requesting a substitute to attend the event and that I will not be refunded any money. I understand that this is a straight transfer of credentials and no changes to paid courses are allowed.

Substitute Registrant First Name:

Substitute Registrant Last Name:

Substitute Registrant Email:

Substitute Registrant Telephone Number:

Substitute Registrant Company Name:

Substitute Registrant Title:

Substitute Registrant Mailing Address: