

# BLACK HAT USA 2011 CREDIT CARD CHANGE REQUEST FORM

Complete the form in its entirety and return it to:

Email: blackhatregistration@ubm.com Fax +1 415 947 6011 Tel: +1 866 203 8081 (GMT - 8)

Registrant Name

---

Confirmation Number

---

Please check each box for acknowledgment.

- Please refund the original credit card and charge the credit card below, for the amount indicated with the provided information below. I understand credit card charge will show up as Black Hat - TechWeb - UBM LLC and will be in US Dollars.
- I understand I will be assessed a \$100 administration fee for this change request as per Terms & Conditions.

Total to be charged to the credit card: \_\_\_\_\_ + \$100 administration fee

Name on Card \_\_\_\_\_

Expiry: month \_\_\_\_ / year \_\_\_\_

Type (circle one) VISA / MC / AMEX

CVV/CV2 Number (security code on credit card) \_\_\_\_\_

Card Number \_\_\_\_\_

Signature \_\_\_\_\_

Card Billing Street Address

---

City, State / Province, Postal Code

---

Card Billing Telephone Number \_\_\_\_\_

Card Holder Email Address \_\_\_\_\_