

BLACK HAT JAPAN 2005 SUBSTITUTE REQUEST FORM

Use one form per registrant. Complete this form in its entirety and return it to

Black Hat, Inc. Email: limks@blackhat.com Tel: +65 6899-6115 (GMT +8) Fax +65 6234-3671

Please print legibly

Original Registrant Name

Original Confirmation Registration Enrollment Number

Original Registrant Telephone Number

I understand that I am requesting a substitute to attend the event and that I will not be refunded any money.

Replacement Registrant First Name

Replacement Registrant Last Name

Replacement Registrant Email

Replacement Registrant Telephone Number

Replacement Registrant Mailing Address
