

BLACK HAT US 2005 CANCELLATION REQUEST FORM

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

Black Hat, Inc

Email: ping@blackhat.com

Tel: +1 206 679 4225 (GMT - 8)

Fax +1 206 219 4143

Registrant Name

Confirmation Registration Enrollment Number

- I understand that I am cancelling my registration in its entirety and that I will be sent a refund via check minus the \$300 administration fee as detailed under the Registration Terms and Conditions that I agreed to when I registered.
- I am requesting a cancellation of the (circle one or both) WEEKEND TRAINING / WEEKDAY TRAINING portion of my registration and that I will be sent a refund via check. If I choose to re-register at a later date, I will be subject to the Registration Terms and Conditions.
- I am requesting a cancellation of the BRIEFNGS portion of my registration and that I will be sent a refund via check. If I choose to re-register at a later date, I will be subject to the Registration Terms and Conditions.

Name the check should be endorsed to

Address check will be mailed to

City, State / Province, Postal Code, Country

Contact Email Address _____

Contact Telephone Number _____