

# BLACK HAT EUROPE 2008 CREDIT CARD CHANGE REQUEST FORM

Complete the form in its entirety and return it to:

Email: bh-reg@blackhat.com Fax +1 206 219 4143 Tel: +1 206 443 5489 (GMT - 8)

Registrant Name

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Order Reference Number

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- 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 CMP Media and will be in US Dollars.
- I understand I will be assessed a EUR 100 administration fee for this change request.

Total to be charged to the credit card: \_\_\_\_\_ + EUR100 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

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City, State / Province, Postal Code

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