

BLACK HAT EUROPE 2008 SUBSTITUTE REQUEST FORM

Use one form per registrant. Complete this form in its entirety and return it by March 21. If you complete this form after March 21, please bring a completed form with you to the Black Hat Registration 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 Reference Number of Original Registrant

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
