BLACK HAT EUROPE 2009 TRAINING CLASS CHANGE REQUEST FORM

Use one form per registrant. This form is for those who have an existing EUROPE 2009 Training registration and have an existing Order Reference Number. If you do not have an Order Reference Number from your online registration, you MAY NOT use this form and must register online. All Seats are First Come, First Paid, First Served. You must return this form to us no later than March 15, 2009. To register complete the form below as well as the Add A Class form and return it to: Email: bh-reg@blackhat.com Fax: +1 206 219 413 Tel: +1 206 443 5489 (GMT-8)

	Class Name v11-06	Original		Requested
1	Analyzing Software for Security Vulnerabilities by Halvar Flake			
2	Exploit Laboratory by Saumil Shah			
3	Hacking by Numbers: Bootcamp by Sensepost			
4	Hacking by Numbers: Company by Sensepost			
5	Hands-On Hardware Hacking & Reverse Engineering Techniques by Joe Grand			
6	Reverse Engineering on Windows by Pedram Amini and Ero Carrera			
7	RFID & Access Control Security by Adam Laurie			
8	SAP (In)Security by Mariano Nunez Di Croce			
9	TCP/IP Weapons School by Richard Bejtlich			

Registrant Name

_____

Order Reference Number (the first 10 characters will suffice)

_____

☐ I understand that if there is a difference in class cost, I will be responsible for paying the difference if the requested class is more expensive than the original class. If the original class is less expensive, I will be issued a refund.

☐ I understand that my seat in a training class is not confirmed until payment has been received. Black Hat reserves the right to cancel my Training registration should I fail to provide payment in full within 7 days of submitting this form.

Method of Payment
☐ I will be paying by Check or Money Order
☐ I will be paying by Wire Transfer
☐ Please charge my credit card, for the amount indicated with the provided information below. I understand the credit card charge will show up as UBM LLC and will be in Euros.

Total to be charged to the credit card: _____

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

_____