BLACK HAT ABU DHABI 2012 CANCELLATION REQUEST FORM

Use one form per registrant. Complete this form and return it NO LATER than November 2 to: Email: blackhatregistration@ubm.com Fax: +1.415.947.6011 **Tel:** +1.866.203.8081 CANCELLATIONS MADE AFTER NOV 2 DEADLINE WILL NOT RECEIVE A REFUND Registrant Name **Confirmation Number** Type of cancellation requested. Please select only one. Select this if you are not attending any portion of the conference. ☐ I understand that I am canceling my registration in its entirety and that I will sent a refund minus the \$300 administration fee as detailed under the Registration Terms and Conditions that I agreed to when I registered. Select this if you registered for the Briefings as well but are only canceling **your Training Registration** ☐ I am requesting a cancellation of the (circle one of both) WEEKEND TRAINING/ WEEKDAY TRAINING portion of my registration, but will still be attending the Briefings. If I choose to re-register at a later date, I will be subject to the Registration Terms and Conditions. I understand I will be sent a refund minus the Briefings fee. Select this if you registered for the training as well, but are only canceling your briefing registration. ☐ I am requesting a cancellation of the BRIEFINGS portion of my registration, but will still be attending training. If I choose to re-register at a later date, I will be subject to the Registration Terms and Conditions. I understand I will be sent a refund minus the training fee. Refund: ☐ *P*lease refund the credit card that was originally charged, for the amount indicated ☐ Please send the refund via check to the person and address as indicated on page 2 ☐ Please send the refund via wire to the person and account as indicated on page 3

Black Hat Abu Dhabi 2012 Cancellation Request Form Refund via Check Request

Complete this portion only if you are requesting a check via refund. Only original registration fees that were originally paid via check or wire transfers will be sent a refund via check. Return Cancellation and Check Request Fund Form.

CANCELLATIONS MADE AFTER NOV 2 DEADLINE WILL NOT RECEIVE A REFUND

☐ Please attach a W9 as per our Terms and Conditions ☐ Total to be refunded: \$	
Contact Name:	
Contact Email Address:	
Contact Telephone Number:	
Name on the check should be endorsed to	
Street address check will be mailed to	
City	
State/Province	
Postal Code	
Country	

Black Hat Abu Dhabi 2012 Cancellation Request Form Refund via Check Request

Complete this portion only if you are requesting a Wire Transfer refund. Only original registration fees that were originally paid via wire transfers will be sent a refund via wire. Return Cancellation and Wire Transfer Request Refund form.

CANCELLATIONS MADE AFTER NOV 2 DEADLINE WILL NOT RECEIVE A REFUND

□ Please attach a W8 for International Wire Refunds, as per our Terms & Conditions.
Amount of Wire:
Date of Request:
Contact Name:
Email Address:
Telephone Number:
Bank Account Name:
Bank Name:
Bank Address:
Bank Account Number:
ABA:
SWIFT Code:
Federal Tax ID Number: