

BLACK HAT ABU DHABI 2012 CREDIT CARD CHANGE REQUEST FORM

Complete the form in its entirety and return it to:

Email: blackhatregistration@ubm.com

Fax: +1.415.947.6011

Tel: +1.866.203.8081

Registrant Name

Confirmation Number

Please check each box for acknowledgement.

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 change will show up as Black Hat- TechWeb- UBM LLC and will be in US Dollars.

I understand I will be assessed a \$100 administration fee for this change request as per Terms & Conditions.

Total to be charged to the credit card: _____ + \$100 administration fee

Name On Card _____

Expiration: month _____ / year _____

Type (circle one): VISA/ MASTERCARD/ AMEX

CVV/CV2 Number (security code on credit card) _____

Card Number _____

Signature

Card Billing Street Address

City, State/ Providence, Postal Code

Card Billing Telephone Number _____

Card Holder Email Address _____