

# BLACK HAT EUROPE 2010 SUBSTITUTE REQUEST FORM

Use one form per registrant. Complete this form in its entirety and return it by March 15, 2009. If you complete this form after March 15, please bring a completed form with you to the Black Hat Registration "Customer Service" Desk.

Email: bh-reg@blackhat.com

Fax +1 206 219 4143

Tel: +1 206 443 5489 (GMT - 8)

Please print legibly

Original Registrant Name

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Confirmation Reference Number of Original Registrant

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Original Registrant Telephone Number

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I understand that I am requesting a substitute to attend the event and that I will not be refunded any money. I understand that this is a straight transfer of credentials and no changes to paid courses are allowed.

Replacement Registrant First Name

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Replacement Registrant Last Name

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Replacement Registrant Email

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Replacement Registrant Telephone Number

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Replacement Registrant Mailing Address

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