

# BLACK HAT EUROPE 2012 ADD A CLASS REQUEST FORM INSTRUCTIONS

Please use one form per registrant. This form is for those who have an existing Europe 2012 Training registration and have an existing Confirmation Number. If you do not have a Confirmation Number, you **MAY NOT** use this form and must register online.

**All Seats are First Come, First Paid, First Served.**

Note that some courses may be sold out and your request will be based on **availability**.

**You must return this form to us no later than February 1, 2012.**

To [blackhatregistration@ubm.com](mailto:blackhatregistration@ubm.com) or fax +1.415.947.6011

Please use this form to mark the class you would like to add. We cannot guarantee your confirmation into any particular class until we have checked the current enrollment in the new class.

Added Class	Training Courses	Instructor	Best	Early	Late
	<b>One Day, Weekday Training Courses - Mar 14 - 16</b>				
	Cyber Network Defense Bootcamp One Day Course (March 14)	Adam Meyers	€ 995	€ 1,195	€ 1,395
	Designing Secure Protocols One Day Course (March 15)	Moxie Marlinspike	€ 995	€ 1,195	€ 1,395
	Mobile Hacking II One Day Course (March 16)	HotWAN	€ 995	€ 1,195	€ 1,395

## BLACK HAT EUROPE 2012 PAYMENT FORM

To register complete the form below as well as the Add A Class Form and return it to:

Email: [blackhatregistration@ubm.com](mailto:blackhatregistration@ubm.com) Fax +1.415.947.6011 Tel: +1.415.947.6846 (GMT-8)

Please complete this form in its entirety and legibly.

Registrant Name

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Confirmation Number

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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 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 Black Hat – TechWeb - UBM and will be in US Dollars.

Total to be charged to the credit card: \_\_\_\_\_

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_

Expiry: month \_\_\_\_ / year \_\_\_\_

Type (circle one) VISA / MC / AMEX

Signature

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Card Billing Street Address

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City, State / Province, Postal Code

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Card Billing Telephone Number

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