## BLACK HAT EUROPE 2012 TRAINING CLASS CHANGE 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 from your online registration, 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 <u>blackhatregistration@ubm.com</u> or fax +1.415.947.6011

Please use this form to mark the class you are currently enrolled in as well as the class you are interested in taking instead. We cannot guarantee your confirmation into any particular class until we have checked the current enrollment in the new class.

Training Courses	Instructor	Registered Course	Requested Change
One Day, Weekday Training Courses - Mar 14 - 16			
Cyber Network Defense Bootcamp One Day Course (March 14)	Adam Meyers		
Designing Secure Protocols One Day Course (March 15)	Moxie Marlinspike		
Mobile Hacking II One Day Course (March 16)	HotWAN		

## **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: <u>blackhatregistration@ubm.com</u> fax +1.415.947.6011 Tel: +1.415.947.6846 (GMT-8)

Please complete this form in its entirety and legibly.

**Registrant Name** 

**Confirmation Number** 

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

Signature

Card Billing Street Address

City, State / Province, Postal Code

Card Billing Telephone Number