

BLACK HAT EUROPE 2012 SUBSTITUTE REQUEST FORM

Use one form per registrant. Complete this form in its entirety and return it by February 1, 2012. If you complete this form after February 1, please bring a completed form with you to the Black Hat Registration "Customer Service" Desk.

Email: blackhatregistration@ubm.com Fax +1 415 947 6011 Tel: +1 866 203 8081 (GMT – 8)

Please print legibly.

Original Registrant Name

Confirmation Number of Original Registrant

Original Registrant Telephone Number

☐ 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

Replacement Registrant Last Name

Replacement Registrant Email

Replacement Registrant Telephone Number

Replacement Registrant Mailing Address
