BLACK HAT USA 2011 CANCELLATION REQUEST FORM

Use one form per registrant. Complete this form and return it NO LATER than June 15 to: Fax +1 415 947 6011 Tel: +1 866 203 8081 (GMT - 8) Email: blackhatregistration@ubm.com CANCELLATIONS MADE AFTER JUNE 15 DEADLINE WILL NOT RECEIVE A REFUND. Registrant Name **Confirmation Number** Type of cancellation requested. Please select only one. Select this if you are not attending any portion of the conference. ☐ I understand that I am canceling my registration in its entirety and that I will be sent a refund minus the \$300 administration fee as detailed under the Registration Terms and Conditions that I agreed to when I registered. Select this if you registered for the Briefings as well but are only canceling your Training registration. ☐ I am requesting a cancellation of the (circle one or both) WEEKEND TRAINING / WEEKDAY TRAINING portion of my registration but will still be attending the Briefings. If I choose to re-register at a later date, I will be subject to the Registration Terms and Conditions. I understand I will be sent a refund minus the Briefings fees. Select this if you registered for the Training as well but are only canceling your Briefings registration. ☐ I am requesting a cancellation of the BRIEFNGS portion of my registration but will still be attending Training. If I choose to re-register at a later date, I will be subject to the Registration Terms and Conditions. I understand I will be sent a refund minus the Training fee. Refund: □ Please refund the credit card that was originally charged, for the amount indicated. □ Please send the refund via check to the person and address as indicated on page 2. ☐ Please send the refund via wire to the person and account as indicated on page 3.

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Refund via Check Request

Complete this portion only if you are requesting a check via refund. Only original registration fees that were originally paid via check or wire transfers will be sent a refund via check. Return Cancellation and Check Request Refund form. CANCELLATIONS MADE AFTER JUNE 15 DEADLINE WILL NOT RECEIVE A REFUND.

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	Please attach a W9 as per our Terms & Conditions	
	Total to be refunded: \$	
	Contact Name: Contact Email Address Contact Telephone Number	
Na	me the check should be endorsed to	
Str	eet address check will be mailed to	
Ju	eet address check will be malled to	
Cit	y	
Sta	te / Province	
Pos	stal Code	
Co	untry	_

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Refund via Wire Transfer

Complete this portion only if you are requesting a Wire Transfer refund. Only original registration fees that were originally paid via wire transfers will be sent a refund via wire. Return Cancellation and Wire Transfer Request Refund form.

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□ Please attach a W8 for International Wire Refunds, as per our Terms & Conditions.
Amount of wire:
Date of request:
Contact Name:
Email Address:
Telephone Number:
Bank Account Name:
Bank Name:
Bank Address
Bank Account Number:
ABA:
SWIFT Code:
Fodoral Tay ID Number: