BLACK HAT USA 2012 CANCELLATION REQUEST FORM

Use one form per registrant. Complete this form and return it NO LATER than June 1 to: Email: blackhatregistration@ubm.com Fax +1 415 947 6011 Tel: +1 866 203 8081 (GMT - 8) CANCELLATIONS MADE AFTER JUNE 1 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 1 DEADLINE WILL NOT RECEIVE A REFUND.

CA	INCELLATIONS MADE AFTER JUNE 1 DEADLINE WILL NOT RECEIVE A REFUND.	
	Please attach a W9 as per our Terms & Conditions	
	Total to be refunded: \$	
	Contact Name:	_
	Contact Email Address	_
	Contact Telephone Number	_
Na	ame the check should be endorsed to	
Str	reet address check will be mailed to	
Cit	ty	
Sta	ate / Province	
Pos	stal Code	
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Co	puntry	

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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:
Federal Tax ID Number: