

## BLACK HAT EUROPE 2013 CREDIT CARD CHANGE REQUEST FORM

Complete the form in its entirety and return it to:

**Email:** [blackhatregistration@ubm.com](mailto:blackhatregistration@ubm.com)

**Fax:** +1.415.947.6011

**Tel:** +1.866.203.8081

Registrant Name

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Confirmation Number

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Please check each box for acknowledgement.

☐ Please refund the original credit card and charge the credit card below, for the amount indicated with the provided information below. I understand credit card change will show up as Black Hat- TechWeb- UBM LLC and will be in US Dollars.

☐ I understand I will be assessed a \$100 administration fee for this change request as per Terms & Conditions.

Total to be charged to the credit card: \_\_\_\_\_ + \$100 administration fee

Name On Card \_\_\_\_\_

Expiration: month \_\_\_\_\_ / year \_\_\_\_\_

Type (circle one): VISA/ MASTERCARD/ AMEX

CVV/CV2 Number ( security code on credit card) \_\_\_\_\_

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

Signature

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Card Billing Street Address

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City, State/ Providence, Postal Code

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Card Billing Telephone Number \_\_\_\_\_

Card Holder Email Address \_\_\_\_\_