

BLACK HAT EUROPE 2013 PAYMENT FORM

To register complete the form below and return it to:

Email: blackhatregistration@ubm.com

Fax: +1.415.947.6011

Tel: +1.866.203.8081

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.
- ☐ 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

Expiration: month _____ / year _____

Type (circle one): VISA/ MASTERCARD

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

Signature

Card Billing Street Address

City, State/ Providence, Postal Code

Card Billing Telephone Number
