

## BLACK HAT EUROPE 2013 SUBSTITUTE REQUEST FORM

Use one form per registrant. Complete this form in its entirety and return it by February 6, 2013. If you complete this form after February 6, please bring a completed form with you to the Black Hat Registration "Customer Service" Desk.

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

Fax: +1.415.947.6011

Tel: +1 866.203.8081 (GMT - 8)

### **Please print legibly**

Original Registrant Name

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Confirmation Number of Original Registrant

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Original Registrant Telephone Number

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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 transfer of credentials and no changes to paid courses are allowed.

Replacement Registrant First Name

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Replacement Registrant Last Name

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Replacement Registrant Email

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Replacement Registrant Telephone Number

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Replacement Registrant Mailing Address

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