

BLACK HAT REGISTRATION UPDATE FORM

Event Registration Services Group

Please complete this form with your updates and email it to bhonlinetrainings@ubm.com or fax it to (415)947-6011.

Date: _____ **Confirmation #:** (Located on receipt or invoice) _____

Registrant's First Name: _____ **Last Name:** _____

Event Name: _____

Requested Change: (Please note that all changes are subject to conference terms and conditions. Deadlines for cancellations will be enforced, please refer to your confirmation receipt for specific cancellation dates.)

___ **CANCELLATION:** Please refer to your original receipt for details.

___ **SUBSTITUTION:** Enter new registrant information below and provide signature of original registrant who is making the request:

New Registrant's First and Last Name: _____

Email: _____

Job Title: _____ **Company:** _____

Address: _____ **Phone:** _____

City, State, Postal Code, Country: _____

I, authorize the above request to be made to my registration.

Signed: _____

Printed Name: _____

Confirm to (Email): _____

Please send a copy of the confirmation email to: _____

Other Request:

PAYMENT INFORMATION: (Select Credit Card Type) VISA MASTERCARD AMERICAN EXPRESS

Credit Card Number: _____ **Amount to Charge:** _____

Expiration Date: _____ **Security Code:** (3-digits for Visa/MC or 4-digits for AMEX): _____

Cardholder's Name: _____ **Cardholder's Signature:** _____

Cardholder's Billing Street Address: _____ **City:** _____

State: _____ **Zip/Postal Code:** _____ **Country:** _____

Office Use Only:

Date Processed: _____

Initials: _____