

BLACK HAT USA 2013 SUBSTITUTE REQUEST FORM

Use one form per registrant. Complete this form in its entirety and return it by June 24, 2013. If you complete this form after June 24, please bring a completed form with you to the Black Hat Registration "Customer Service" Desk.

Email: blackhatregistration@ubm.com

Fax: +1.415.947.6011

Tel: +1 866.203.8081 (GMT - 8)

Please print legibly

Original Registrant Name

Confirmation Number of Original Registrant

Original Registrant Telephone Number

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

Replacement Registrant Last Name

Replacement Registrant Email

Replacement Registrant Telephone Number

Replacement Registrant Mailing Address
