

BLACK HAT US 2005 SUBSTITUTE REQUEST FORM

Use one form per registrant. Complete this form in its entirety and return it to

Black Hat, Inc Email: ping@blackhat.com Tel: +1 206 679 4225 (GMT - 8) Fax +1 206 219 4143

Please print legibly

Original Registrant Name

Original Confirmation Registration Enrollment Number

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.

Replacement Registrant First Name

Replacement Registrant Last Name

Replacement Registrant Email

Replacement Registrant Telephone Number

Replacement Registrant Mailing Address
