

BLACK HAT US 2005 TRAINING CLASS CHANGE 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

Registrant Name

Confirmation Registration Enrollment Number

- I understand that if there is a difference in class cost, I will be responsible for paying the difference if the requested class is more expensive than the original class. If the original class is less expensive, I will be issued a refund in the form of a check.

Name of original class on weekend (July 23-24)

Name of requested class on weekend (July 23-24)

Name of original class on weekday (July 25-26)

Name of requested class on weekday (July 25-26)

You will only need to complete the following section if you are changing to a completely different class and owe a difference for the class costs. You will not be charged if you are simply changing dates but remaining in the same class.

- Please charge my credit card, for the amount indicated with the provided information below. I understand that I will be charged the amount of the class on the date of change—Not the date of my original registration.

Total to be charged to the credit card: _____ Type (circle one) VISA / MC / AMEX

Name on Card _____

Card Number _____

Expiry: month ____ / year ____ CVV/CV2 Number (security code on credit card) _____

Signature _____

Card Billing Street Address

City, State / Province, Postal Code

Card Holder Billing Telephone Number _____