BLACK HAT DC 2009 ONSITE REGISTRATION FORM INSTRUCTIONS

Use one form per registrant.

This form is for those who do not have an existing Black Hat Registration.

If you have an Order Reference Number from your online registration, you MAY NOT use this form.

All Seats are First Come, First Paid, First Served.

We strongly advise that you send us this form via fax or email before the start of the session you wish to attend.

Email: bh-reg@blackhat.com
Fax: 206 219 4143

Please come to the Onsite Registration Desk to check in.

Registration is located on the Ballroom Landing.

Training Registration Desk Hours:
Monday February 16, 08:00 - 12:00

Briefings Registration Desk Hours:
Tuesday February 17, 16:00 - 21:00
Wednesday February 18, 08:00 - 18:00
Thursday February 19, 08:00 - 18:00

All sessions, Briefings and Training begin promptly at 09:00 each day.

Note that some courses may be sold out and your request will be based on availability.
**BLACK HAT DC 2009 ONSITE REGISTRATION FORM**

<table>
<thead>
<tr>
<th>Class</th>
<th>Onsite</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Advanced Memory Forensics in Incident Response by Mandiant</td>
</tr>
<tr>
<td>2</td>
<td>Analyzing Software for Security Vulnerabilities by Halvar Flake</td>
</tr>
<tr>
<td>3</td>
<td>Exploit Laboratory by Saumil Shah</td>
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<tr>
<td>4</td>
<td>Hacking by Numbers: Bootcamp by Sensepost</td>
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<tr>
<td>5</td>
<td>Hands-On Hardware Hacking &amp; Reverse Engineering Techniques by Joe Grand</td>
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<tr>
<td>6</td>
<td>Reverse Engineering on Windows by Pedram Amini and Ero Carrera</td>
</tr>
<tr>
<td>7</td>
<td>TCP/IP Weapons School 2.0 by Richard Bejtlich</td>
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<tr>
<td>8</td>
<td>Tactical Exploitation by Metasploit LLC</td>
</tr>
<tr>
<td>A</td>
<td>Black Hat Briefings (Feb 18-19)</td>
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<td></td>
<td><strong>Total</strong></td>
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</tbody>
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**Registrant First Name**

_______________________________________________________________________________

**Registrant Surname**

_______________________________________________________________________________

**Registrant Email**

_______________________________________________________________________________

**Name, Title and Company as you would like it to appear on your badge**

_______________________________________________________________________________

**Method of Payment**

- [ ] I will be paying by Cash, Corporate Check or Money Order
- [ ] Please charge my credit card, for the amount indicated with the provided information below. I understand the credit card charge will show up as CMP Media and will be in US Dollars.

**Total to be charged to the credit card:** _____________

**Type (circle one) VISA / MC / AMEX**

**Name on Card**

_______________________________________________________________________________

**Expiry: month ____ / year____**

**CVV/CV2 Number (security code on credit card)** _____________

**Card Number**

_______________________________________________________________________________

**Signature**

_______________________________________________________________________________

**Card Billing Street Address**

_______________________________________________________________________________

**City, State / Province, Postal Code**

_______________________________________________________________________________

**Card Billing Telephone Number**

_______________________________________________________________________________