

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.

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	Class	Onsite
1	Advanced Memory Forensics in Incident Response by Mandiant	3300
2	Analyzing Software for Security Vulnerabilities by Halvar Flake	2900
3	Exploit Laboratory by Saumil Shah	2600
4	Hacking by Numbers: Bootcamp by Sensepost	3200
5	Hands-On Hardware Hacking & Reverse Engineering Techniques by Joe Grand	3700
6	Reverse Engineering on Windows by Pedram Amini and Ero Carrera	2500
7	TCP/IP Weapons School 2.0 by Richard Bejtlich	3100
8	Tactical Exploitation by Metasploit LLC	3700
A	Black Hat Briefings (Feb 18-19)	1895
		Total

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 ____ CWV/CV2 Number (security code on credit card) _____

Card Number

Signature

Card Billing Street Address

City, State / Province, Postal Code

Card Billing Telephone Number
