

BLACK HAT FEDERAL 2006 TRAINING CLASS CHANGE REQUEST FORM

Use one form per registrant. Complete this form in its entirety and return it NO LATER than January 1 to

Email: bh-reg@blackhat.com Fax +1 206 219 4143 Tel: +1 206 443 5489 (GMT - 8)

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 (January 23-24)

Name of requested class (January 23-24)

Name of alternate requested class (January 23-24)

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 _____