

BLACK HAT DC 2011 CREDIT CARD CHANGE REQUEST FORM

Complete the form in its entirety and return it to:

Email: blackhatregistration@ubm.com Fax +1 415 947 6011 Tel: +1 866 203 8081 (GMT – 8)

Registrant Name

Confirmation Number

Please check each box for acknowledgment.

- Please refund the original credit card and charge the credit card below, for the amount indicated with the provided information below. I understand credit card charge will show up as Black Hat – TechWeb - UBM LLC and will be in US Dollars.
- I understand I will be assessed a \$100 administration fee for this change request as per Terms & Conditions.

Total to be charged to the credit card: _____ + \$100 administration fee

Name on Card _____

Expiry: month ____ / year ____

Type (circle one) VISA / MC / AMEX

CVV/CV2 Number (security code on credit card) _____

Card Number _____

Signature _____

Card Billing Street Address

City, State / Province, Postal Code

Card Billing Telephone Number _____

Card Holder Email Address _____