

BLACK HAT EUROPE 2010 CANCELLATION REQUEST FORM

Use one form per registrant. Complete this form and return it NO LATER than March 15 to:

Email: bh-reg@blackhat.com

Fax +1 206 219 4143

Tel: +1 206 443 5489 (GMT – 8)

Registrant Name

Confirmation Reference Number

Type of cancellation requested. Please select only one.

Select this if you are not attending any portion of the conference.

- I understand that I am canceling my registration in its entirety and that I will be sent a refund minus the 300 EUROS administration fee as detailed under the Registration Terms and Conditions that I agreed to when I registered.

Select this if you registered for the Briefings as well but are only canceling your Training registration.

- I am requesting a cancellation of the (circle one or both) WEEKEND TRAINING / WEEKDAY TRAINING portion of my registration but will still be attending the Briefings. If I choose to re-register at a later date, I will be subject to the Registration Terms and Conditions. I understand I will be sent a refund minus the Briefings fees.

Select this if you registered for the Training as well but are only canceling your Briefings registration.

- I am requesting a cancellation of the BRIEFINGS portion of my registration but will still be attending Training. If I choose to re-register at a later date, I will be subject to the Registration Terms and Conditions. I understand I will be sent a refund minus the Training fee.

Refund:

- Please refund the credit card that was originally charged, for the amount indicated.
- Please send the refund via check to the person and address as indicated on page 2.
- Please send the refund via wire to the person and account as indicated on page 3.

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Refund via Check Request

Complete this portion only if you are requesting a check via refund. Only original registration fees that were originally paid via check or wire transfers will be sent a refund via check. Return Cancellation and Check Request Refund form.

Please attach a W9 as per our Terms & Conditions

Total to be refunded: _____

Contact Name: _____

Contact Email Address _____

Contact Telephone Number _____

Name the check should be endorsed to

Street address check will be mailed to

City

State / Province

Postal Code

Country

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Refund via Wire Transfer

Complete this portion only if you are requesting a Wire Transfer refund. Only original registration fees that were originally paid via wire transfers will be sent a refund via wire. Return Cancellation and Wire Transfer Request Refund form.

Please attach a W8 for International Wire Refunds, as per our Terms & Conditions.

Amount of wire:

Date of request:

Contact Name:

Email Address:

Telephone Number:

Bank Account Name:

Bank Name:

Bank Address

Bank Account Number:

ABA:

SWIFT Code:

Federal Tax ID Number:
