

BLACK HAT FEDERAL 2006 SUBSTITUTE REQUEST FORM

Use one form per registrant. Complete this form in its entirety and return it to

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

Please print legibly

Original Registrant Name

Original Confirmation Registration Enrollment Number

Original Registrant Telephone Number

I understand that I am requesting a substitute to attend the event and that I will not be refunded any money.

Replacement Registrant First Name

Replacement Registrant Last Name

Replacement Registrant Email

Replacement Registrant Telephone Number

Replacement Registrant Mailing Address
