

BLACK HAT US 2005 CREDIT CARD CHANGE REQUEST FORM

Complete the form in its entirety and return it to:

Black Hat, Inc

Email: ping@blackhat.com

Tel: +1 206 679 4225 (GMT - 8)

Fax +1 206 219 4143

Registrant Name

Confirmation Registration Enrollment Number

- 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 and will be in US Dollars.
- I understand I will be assessed a \$100 administration fee for this change request.

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 _____