

BLACK HAT DC 2009 TRAINING CLASS CHANGE REQUEST FORM

Use one form per registrant. This form is for those who have an existing DC 2009 Training registration and have an existing Order Reference Number. If you do not have an Order Reference Number from your online registration, you MAY NOT use this form and must register online. All Seats are First Come, First Paid, First Served. You must complete and return this form to us no later than January 15, 2009. Email: bh-reg@blackhat.com Fax +1 206 219 4143 Tel: +1 206 443 5489

	Class Name v11-10	Original	Requested
1	Advanced Memory Forensics in Incident by Mandiant		
2	Analyzing Software for Security Vulnerabilities by Halvar Flake		
3	Cryptographic Primitive (Asymmetrical) by Andrew Lindell		
4	Exploit Laboratory by Saumil Shah		
5	Hacking by Numbers: Bootcamp by Sensepost		
6	Hacking by Numbers: Company by Sensepost		
7	Hands-On Hardware Hacking & Reverse Engineering Techniques by Joe Grand		
8	Reverse Engineering on Windows by Pedram Amini and Ero Carrera		
9	Reverse Engineering with IDA Pro by Chris Eagle		
10	RFID & Access Control Security by Adam Laurie		
11	TCP/IP Weapons School by Richard Bejtlich		
12	Tactical Exploitation by Metasploit LLC		

Registrant Name _____

Order Reference 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.
- I understand that my seat in a training class is not confirmed until payment has been received. Black Hat reserves the right to cancel my Training registration should I fail to provide payment in full within 7 days of submitting this form.

Method of Payment

- I will be paying by Check or Money Order
- I will be paying by Wire Transfer
- Please charge my credit card, for the amount indicated with the provided information below. I understand the credit card charge will show up as UBM LLC and will be in US Dollars.

Total to be charged to the credit card: _____

Name on Card _____

Type (circle one) VISA / MC / AMEX

Expiry: month ____ / year ____ CVV/CV2 Number (security code on credit card) _____

Card Number _____

Signature _____

Card Billing Street Address

City, State / Province, Country & Postal Code

Card Billing Telephone Number _____