

BLACK HAT USA 2012 TRAINING CLASS CHANGE REQUEST FORM

Use one form per student. Complete this form in its entirety and legibly.

STUDENT PARTICULARS

FULL NAME:	
TELEPHONE:	CONFIRMATION NUMBER:

☐ I understand that if there is a difference in cost, I will be responsible for paying the difference if the requested class is more expensive than the original class. If the requested class is less expensive, I will be issued a refund.

ORIGINAL CLASS SELECTION:	NEW CLASS SELECTION:
WEEKDAY/WEEKEND/FOUR DAY ORIGINAL CLASS NAME:	WEEKDAY/WEEKEND/FOUR DAY NEW CLASS NAME:
TRAINER:	TRAINER:
TRAINER SIGNATURE:	ATTACH ORIGINAL CLASS COUPONS HERE (MANDATORY)

METHOD OF PAYMENT:

- ☐ I will be paying cash
- ☐ Please charge my credit card for the amount: \$ _____.
- ☐ I understand the credit card charge will show up as UBM-TechWeb-Black Hat and in USD.

NAME ON CARD:	CARD TYPE:
CARD NUMBER:	CVV/CV2 (3 DIGIT SECURITY CODE):
CARD BILLING ADDRESS:	CARD EXP:
CITY, STATE/PROVINCE:	POSTAL CODE:
CARD BILLING TELEPHONE NUMBER:	SIGNATURE: