

BLACK HAT DC 2011 CANCELLATION REQUEST FORM

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

Email: blackhatregistration@ubm.com Fax +1 415 947 6011 Tel: +1 866 203 8081 (GMT – 8)

CANCELLATIONS MADE AFTER DEC 15 DEADLINE WILL NOT RECEIVE A REFUND.

Registrant Name

Confirmation 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 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.

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☐ 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.

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☐ 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: _____