BLACK HAT USA 2011 PAYMENT FORM

To register complete the form below and return it to:
Email: blackhatregistration@ubm.com   Fax +1 415 947 6011 Tel: +1 866 203 8081 (GMT – 8)

Please complete this form in its entirety and legibly.

Registrant Name

_____

Confirmation Number

_____

☐   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

☐   Please charge my credit card, for the amount indicated with the provided information below. I understand the credit card charge will show up as Black Hat-TechWeb-UBM and will be in US Dollars.

Total to be charged to the credit card: _____

Name on Card

_____

Card Number

_____

Expiry: month _____ / year_____

Type (circle one) VISA / MC / AMEX

CVV/CV2 Number (security code on credit card) _____

Signature

_____

Card Billing Street Address

_____

City, State / Province, Postal Code

_____

Card Billing Telephone Number

_____