

# KLS SC11 - Yerington Field Mapping of Ore Deposits - FIELD COURSE

with Dr. Richard Tosdal and Dr. John Dilles

May 1 (Thu) to May 9 (Thu), 2014

## REGISTRATION FORM

- Space is available on a first come, first served basis; Payment may be received in U.S. or Canadian dollars
- A service charge of \$100.00 (in the currency of the fee) will be levied on cancelled registration and/or cheque returned for insufficient funds
- Cancellations (if a replacement cannot be found), 65% is non-refundable. No refunds within (1) month of the course.

Please email this form to [karie@klsgeotours.com](mailto:karie@klsgeotours.com) OR fax +1-604-536-8635 OR mail it (with an email note) to:  
#319 – 15216 North Bluff Road, White Rock, BC, V4B 0A7 (Phone: +1-604-367-8898)

**Price includes:** Lodging for 8 nights in Yerington, (2) 1/2 days and 7 full days of instruction, transportation from/to Reno, Nevada, field notes, and certificate of participation.

Early registration (until March 1, 2014)	\$2800 USD (or CAD equiv*)	<input type="checkbox"/>
Late registration (until March 1, 2014)	\$3100 USD (or CAD equiv*)	<input type="checkbox"/>

\*If CAD equivalent is preferred, please convert to CAD, by multiplying the USD amount by the USD "Selling" rate at [www.vancity.com/Rates/](http://www.vancity.com/Rates/)

### Method of Payment:

#### I would like to pay by:

☐ **Cheque:** Make payable to "KLS Geological Tours", and mail to the above address

☐ **Invoice: Cheque or Wire Payment**

☐ **PayPal:** A Paypal request for payment will be sent by email. An extra 3% fee will be added when paying by credit card

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Name (please print): \_\_\_\_\_ Male / Female (please circle)

Company: \_\_\_\_\_ Job Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Work Email: \_\_\_\_\_ Personal Email: \_\_\_\_\_

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Who to contact in an emergency (name / phone #) \_\_\_\_\_ / \_\_\_\_\_ /  
(City, Province, Country) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Any known allergies / medical conditions (yes\_\_no\_\_). If yes, please specify (also if any allergies, please note the severity):  
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