

KLS SC19 - PROFESSIONAL DEVELOPMENT COURSE

"Pontides Geology Tour: Gumushane and Giresun Districts, Turkey Ore Deposits - FIELD COURSE"

Dr. Ilkay Kuscu

Gumushane and Giresun Districts, Turkey

June 15(Monday) to June 19(Friday), 2015 (5 days)

REGISTRATION FORM

- Space is available on a first come, first served basis
- A service charge of \$100.00 (in the currency of the fee) will be levied on all cancelled registration and/or cheques returned for insufficient funds
- Cancellations: 2 or more months in advance of course start date: 100% refund; 1 to 2 months in advance: 50% is refundable. No refunds within 1 month.

Please email this form to kari@klsgeo.com OR fax +1-604-536-8080 OR mail it (with an email notice) to:
#319 – 15216 North Bluff Road, White Rock, BC, V4B 0A7 (Phone: +1-604-367-8898)

Price includes: double-occupancy hotels, meals, ground transportation from Trabzon and returning to Trabzon, fuel, permits, manuals, tuition fees, Sumela fee, guidebook with pre-selected relevant papers, and trip final report

Early registration (by May 4, 2015)	\$2500 CAD (or USD equiv*)	<input type="checkbox"/>
Late registration (after May 4, 2015)	\$3000 CAD (or USD equiv*)	<input type="checkbox"/>

*Please convert to USD by dividing the CAD amount by the USD "Selling" rate at www.vancity.com/Rates/

Method of Payment:

____ Please issue an invoice (to pay by cheque or wire)

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

____ PayPal: A Paypal request for payment will be sent by email. An extra 3% fee for North American cards and an extra 4.5% for other cards, will be added when paying by credit card

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Participant: Name (please print): _____ Male Female

Job Title: _____ Company: _____

Citizenship: _____ Cell number active in Turkey (if available) _____

Work Email: _____ Personal Email: _____

Who to contact in an emergency (Name / Phone# with country&city codes) _____ /

City, State _____ Country _____

Please list anything we should know about a severe allergy or medical condition that you might have (if none, please write "none"):

Billing Contact:

Name: _____ Job Title: _____

Company Name: _____

Street Address: _____

City: _____ Province/State: _____

Country: _____ Postal Code: _____

Telephone: _____ Work Email: _____