

# KLS SC32 - PROFESSIONAL DEVELOPMENT COURSE

## "Volcanology for Exploration Geologists - Key concepts and Field techniques"

Jocelyn McPhie

&amp; Dr. Jose Piquer Romo

Maipo Valley, Santiago, Chile

November 7 (Tuesday) to November 10 (Friday), 2017 (4 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: 3 or more months in advance of course start date: 100% refund; 1 to 3 months in advance: 50% is refundable. No refunds within 1 month.

Please email this form to [karie@klsgeo.com](mailto:karie@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: Four (4) full days of instruction, double-occupancy hotels, all meals, ground transportation to field sites, fuel, permits, tuition fees, deposit fees, guidebook with pre-selected relevant papers, and participation certificate.

Early registration (by September 1, 2017)	\$2500 USD	<input type="checkbox"/>
Late registration (after September 1, 2017)	\$2800 USD	<input type="checkbox"/>

#### Method of Payment:

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

\_\_\_\_ Cheque: Make payable to "KLS Geological Training Inc.", and mail to the above address

\_\_\_\_ PayPal: A Paypal request for payment will be sent by email. An extra 3% fee for Canadian cards, 3.9% for US 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 Chile (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: \_\_\_\_\_ PO/Billing # \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Work Email: \_\_\_\_\_