

KLS SC36 - PROFESSIONAL DEVELOPMENT COURSE

"Yerington Field Mapping of Ore Deposits - FIELD COURSE"

with

Dr. John Dilles and Dr. Richard Tosdal

Yerington, NV, USA

March 21 (Wednesday) to March 29 (Thursday), 2018

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 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: Lodging for 8 nights in Yerington, (2) half days and 7 full days of instruction, transportation from/to Reno, NV, field notes, and certificate of participation.

Early registration (by Fri, February 23, 2018)	\$3200 USD (or CAD equiv*)	☐
Late registration (after Fri, February 23, 2018)	\$3500 USD (or CAD equiv*)	☐

*If CAD equivalent is preferred, please convert to CAD, by multiplying the USD 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 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 cards from other countries, will be added when paying by PayPal)

Participant:

Name : _____ Male Female

Job Title: _____ Company: _____ Visa invitation letter required? Y__N__

If Y to letter, please provide your full name as on your passport & passport # _____

Citizenship: _____ Cell number active in the USA (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: _____