

# KLS SC31 - PROFESSIONAL DEVELOPMENT COURSE

## "Western Anatolia, Turkey" - FIELD COURSE

with

Dr. Ilkay Kuscu

Western Anatolia, TURKEY

August 21(Monday) to August 25 (Friday), 2017

### 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](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: Lodging for 5 nights (Aug 20 to Aug 25), 5 full days of instruction, transportation from Canakkale and to Usak, all meals, geology guidebook, final report, and certificate of participation.

|   |                            |                          |
|---|----------------------------|--------------------------|
| Early registration (by Fri, July 7, 2017)   | \$2800 CAD (or USD equiv*) | <input type="checkbox"/> |
| Late registration (after Fri, July 7, 2017) | \$3100 CAD (or USD equiv*) | <input type="checkbox"/> |

\*If USD equivalent is preferred, please convert to USD, by dividing the CAD amount by the USD "Selling" rate at [www.vancity.com/Rates/](http://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 Canadian cards, 3.9% for US cards and an extra 4.5% for cards from other countries, will be added when paying by PayPal)

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**Participant:** Name (please print): \_\_\_\_\_ Male Female

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

For mine tours, please provide your full name as on your passport & passport # \_\_\_\_\_ / \_\_\_\_\_

Citizenship: \_\_\_\_\_ Cell number active in the 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: \_\_\_\_\_