

# KLS SC41 - PROFESSIONAL DEVELOPMENT COURSE "Yerington Field Mapping of Ore Deposits - FIELD COURSE" with

Dr. John Dilles and Dr. Richard Tosdal

Yerington, NV, USA

March 22 (Friday) to March 29 (Friday), 2019

## 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 – 130-1959 152nd Street, Surrey, BC, V4A 0C4 (Phone: +1-604-367-8898)

*Price includes: Lodging for 7 nights in Yerington, 6 full days and 2 half days of instruction, transportation from/to Reno, NV, field lunches, field notes, and certificate of participation.*

Early registration (by Fri, February 15, 2019)	\$3000 USD (or CAD equiv*)	<input type="checkbox"/>
Late registration (after Fri, February 15, 2019)	\$3300 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:

\_\_\_ 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 Yes 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: \_\_\_\_\_