

KLS Geological Training Inc.
KLS SC83 - PROFESSIONAL DEVELOPMENT COURSE
"Volcanology Field Techniques"

Dr. Jocelyn McPhie

& Local Geology Assistant

Milos, GREECE

April 19 (Sunday) to April 25 (Saturday), 2026 (5 full days & 2 partial days)

REGISTRATION FORM

- Space is available on a first come, first served basis.
- Technically no cancellations but if there is a legitimate issue with enough notice, then probably something can be arranged. The course registration is transferable.

Please email this form to karie@klsgeo.com OR mail it (with an email notice) to:

#319 – 130-1959 152nd Street, South Surrey, BC, V4A 0C4 (Phone: +1-604-367-8898)

Fee includes: Five (5) days & 2 partial days of instruction, 6 nights double-occupancy lodging (April 19 to 25), welcome dinner plus all field day meals (breakfast, picnic smorgasboard lunch, group dinners and snacks) plus 1 breakfast on the last day, ground transportation to field sites, fuel, permits, tuition fees, 1/2 day of sea kayaking to field sites, field deposit fees, guidebook with pre-selected relevant papers, and participation certificate.

Early registration (by Fri Jan 23, 2026)	\$5,497 CAD (approximately \$3925 USD)	<input type="checkbox"/>
Single occupancy room fee (if available)	\$700 CAD (approximately \$500 USD)	
Late registration (after Fri Jan 23, 2026)	\$5,797 CAD (approximately \$4140 USD)	<input type="checkbox"/>

Method of Payment:

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

____ **Interac etransfer:** (Canadian bank to Canadian bank account transfers in CAD only)

____ **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 Greece (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: _____