KLS Geological Training Inc.

KLS SC90 - PROFESSIONAL DEVELOPMENT COURSE

"Iberian Pyrite Belt Field Course"

Dr. William X. Chavez, Jr.

& Dr. João Matos & Ms. Karie Smith

Seville and Southern, SPAIN

February 14 (Sunday evening) to February 20 (Saturday morning), 2027 (5 full days + 2 partial days)

REGISTRATION FORM

- Space is available on a first come, first served basis.
- No Cancellations. Course registration is transferrable.

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 & 1/2 (5.5) full days of instruction, 6 nights double-occupancy lodging, welcome dinner, 5 full days of meals (breakfast, picnic smorgasboard lunch, group dinners) & 1 breakfast on the last day, ground transportation to field sites, fuel, permits, tuition fees, field deposit fees, guidebook with pre-selected relevant papers, and participation certificate.

Early registration (by Fri, Dec 18, 2026)	$5597 CAD (approximately $3970 USD)	☐
Late registration (after Fri, Dec 18, 2026)	$5897 CAD (approximately $4150 USD)	☐

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

Participant: Name (*for name tag & certificate*):_____ Male ☐ Female ☐

Job Title: _____ Company: _____ Boot size_____

Citizenship: _____ Passport #_____ Cell number if active in Spain _____

Work Email:_____ Personal Email:_____

Family member or close person to contact in a possible emergency?:

Name/Relationship _____ Phone# with country&city codes) _____

City, State _____ Country_____

Please list anything we should know about for 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: _____