KLS Geological Training Inc.

KLS SC92 - PROFESSIONAL DEVELOPMENT COURSE

"Applied Geochemistry for Exploration & ioGAS Software Training"

Dr. Heidi Pass

in Vancouver, CANADA

January 28 (Thursday) to January 31 (Sunday), 2027

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 50% is refundable. No refunds within (1) month.
- Photos & videos during the course may be taken and shared within the industry. You can opt out of this by speaking to the organizer.

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)

Price includes: *3 1/2 full days of instruction, catered lunch and breaks each day, shortcourse notes and participation certificate*		
Early registration (by Fri, December 11, 2026)	$2,397 CAD Approximately $1,711 USD	☐
Late registration (after Fri, December 11, 2026)	$2,697 CAD Approximately $1,925 USD	☐

*Optional: Convert to USD by dividing the CAD amount by the USD "Selling" rate -0.02% at www.vancity.com/Rates/ForeignExchange/

Method of Payment:

Check one:

☐ **Please issue an invoice** (to pay by cheque or wire)
☐ **Interac etransfer** (Canadian bank to Canadian bank account transfers in CAD only)
☐ **Credit Card (CC):** A Paypal CC 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 non-North American cards, will be added.

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Participant: Name (for name tag): ______________________ Name (for certificate):______________________

Job Title: ___________________________

For name tag? (pick one):

Parent Company Name: ________________________ ☐Y

Operating Company Name:______________________ ☐Y

Citizenship: ____________________

Work Email:______________________________ Personal Email:____________________________

Do you have any food preference or allergies? If so, please advise_______________________________

Billing Contact: Name: _________________________ Job Title: ________________________

Company Name: ______________________________ Purchase Order #:____________________

Street Address: ______________________________ ________________________________

City: _____________________ Province/State: __________________________

Country: _____________________ Postal Code:_______________

Telephone: _____________________ Work Email: ____________________________