KLS Geological Training Inc.

KLS SC94 - PROFESSIONAL DEVELOPMENT COURSE

"Volcanology Field Techniques"

Dr. Jocelyn McPhie

& Local Geology Assistant

Milos, GREECE

April 11 (Sunday) to April 17 (Saturday), 2027 (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 11 to 17), 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 Feb 26, 2027)	$5,497 CAD (approximately $3900 USD)	☐
Single occupancy room fee (if available)	$700 CAD (approximately $500 USD)	☐
Late registration (after Fri Feb 26, 2027)	$5,797 CAD (approximately $4110 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 Certificate):_____ Male☐ Female☐

Name (for name tag): _____ Parent company: _____ For name tag? ☐

Job Title: _____ District Company: _____ For name tag? ☐

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: _____