

**REGISTRATION FORM**

First (and middle) name, family name \_\_\_\_\_

Title: \_\_\_\_\_ Birthday (yyyy-mm-dd): \_\_\_\_\_ Sex: \_\_\_\_\_

Exact Postal Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

Please tick the appropriate option:

- I wish to join the summer school and the conference. (€220 / €180 for ALWS members, please also fill out a registration form for the conference.)
- I wish to join the summer school only. (€180 / €150 for ALWS members)

Payment:

- I wish to pay by money order.  
In this case, please use the following information for the money transfer:  
Bank: RAIKA Kirchberg am Wechsel  
BLZ: 32195  
Account number: 19.10611  
IBAN: AT153219500001910611  
BIC: RLNWATWWASP

- I wish to pay by credit card.  
Please provide the necessary information:

Credit card:     Visacard                       Eurocard/Mastercard             Diners

Card No.: \_\_\_\_\_ Card Expiry Date: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

If you wish to stay in a hotel and **not in the dormitory**, please also fill out this section, so we can make hotel reservation for you:

Please answer the following questions carefully:

Do you need a room?\* .....  Yes / No

If No, will you camp (trailer or tent)?\* .....  Yes / No

Number of rooms needed: \_\_\_\_  single bed /  double bed /  three beds\*

Will you arrive by car?\* .....  Yes / No

\_\_\_\_\_  
Date / Signature

Please mail this registration form together with your **performance record** and the **essay** to the following address:

Dr. Volker A. Munz,  
Institut für Philosophie,  
Karl-Franzens-Universität Graz,  
Heinrichstraße 26/VI,  
A-8010 Graz  
Austria / European Union