



REGISTRATION FORM

Ludwig Wittgenstein Summer School

Kirchberg am Wechsel, 1.-4. August 2012

Family name, first (and middle) name: _____

Titel: _____ Age: _____ Sex: _____

Address: _____

City/Town/Village: _____ Country: _____ Postal Code: _____

Email: _____ Tel. / Fax: _____

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)

My fee is: _____

Payment can be made by Eurocheque

or 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

or by credit card: _____ Card Expiry Date: _____

Date: _____ Signature: _____

I prefer to stay in a hotel room (at my own costs) _____

Date: _____ Signature: _____

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

Dr. Volker A. Munz,
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Alpen-Adria-Universität Klagenfurt,
Universitätsstraße 65-67,
9020 Klagenfurt am Wörthersee,
Austria, EU