

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: _____

Please note, only fill in the following section **if you prefer private accommodation at your own cost**.
Reservation will be provided by the conference office:

Do you need a room?* Yes / No

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

Will you arrive by car?* Yes / No

Date / Signature

* please tick the appropriate

Please send this registration form together with your **performance record** and the **recommendation letter** to the following address:

Dr. Volker A. Munz,
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Karl-Franzens-Universität Graz,
Heinrichstraße 26/VI,
A-8010 Graz
Austria / EU