

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 send your application documents to:

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