



# REGISTRATION FORM

## 10th Ludwig Wittgenstein Summer School

Kirchberg am Wechsel, July 31 - August 4, 2018

Family name, first (and middle) name: \_\_\_\_\_

Title: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

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

City/Town/Village: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Tel. / Fax: \_\_\_\_\_

I wish to join the summer school and the conference (€ 250 / € 220 for ALWS members).  
Please also fill out a registration form for the conference.

I wish to join the summer school only (€ 210 / € 180 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, IBAN: AT153219500001910611, BIC: RLNWATWWASP

or by credit card: \_\_\_\_\_ Card No.: \_\_\_\_\_ CVV Number: \_\_\_\_\_

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 **preparatory essay** to the following address:

**Ass. Prof. Dr. Volker A. Munz,**  
Alpen-Adria-University  
Department of Philosophy  
Universitaetsstrasse 65-67  
A- 9020 Klagenfurt am Woerthersee  
Austria, EU