

REGISTRATION FORM

45th International Wittgenstein Symposium

Kirchberg am Wechsel, Lower Austria, August 11–17, 2024

I plan to partici	ipate in the symposium without preser	ting a paper.	
I plan to partici	ipate in the symposium with a paper.		
Family name:			
First (and middle) name:			
Title:	Age:	S	ex:
Address:			
City/Town/Village:			
Email:			
Date of Arrival:	Date of Departure:		
Number of persons:	Number of participants:		
Conference languages: English and Germ Conference fee: 150 €, reduced to 100 € fo Official conference dinner: 10 € per perso Payment must be received by March 30 if y The fees can be reduced - to 75 € for students (50 € for ALWS studen	ian. or ALWS members and subscribers to the on. you intend to present a paper; otherwing the members AND student subscribers to	e the Austrian newspap se the deadline for payn	
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Please see the following page for room reservations.

ALWS, Conference Office, Markt 63, A-2880 Kirchberg am Wechsel, Austria, Europe / Email: alws@aon.at

ROOM ORDER 2024

International Wittgenstein Symposium

Please fill in this form only if you need a room or place to camp.

Room Reservations: Please order your room latest by June 30, 2024 through the office of the Wittgenstein Society. After this date, reservations can only be made directly at the hotels and inns. Early information about your needs for accommodation are welcome, as there is only a limited number of single rooms available. If it is not possible for us to find you an accommodation directly in the village of Kirchberg, there will be a daily shuttle bus from your hotel to Kirchberg (mornings and evenings).

Please note that the **room reservation** will only be fixed at the beginning of July (after notification of the acceptance of your paper). After a partial payment of 60 Euros (which is to be payed directly to the hotel), you will receive a confirmation of your reservation from the hotel. You will be contacted by the hotel and get their bank data for the partial payment. In case of a cancellation, the cancellation fees of the corresponding hotel are due.

Please answer the following questions carefully:

Family name:					
First (and middle) name:					
Age:					
Address:					
City/Town/Village:			Postal Code:		
Email:	Tel. / Fax:				
Do you need a room?	If no, camp out?:				
Rooms needed:	Number:	Will you arrive by car?			
Would you share a room with another symposium participant?					
Date of Arrival:	Date of Depa	nrture:			
Number of persons:					
Remarks:					

Signature: