



REGISTRATION FORM

15th Ludwig Wittgenstein Summer School

Kirchberg am Wechsel, August 6–10, 2024

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: RAIBA Kirchberg am Wechsel, IBAN: AT153219500001910611, BIC: RLNWATWWASP

or by credit card (Mastercard or Visa): 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:

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