

REGISTRATION FORM

46th International Wittgenstein Symposium

Kirchberg am Wechsel, Lower Austria, August 10–16, 2025

FEMINIST PHILOSOPHY

Family name:		
First (and middle) name:		
Title:	Age:	Sex:
Address:		
City/Town/Village:		Postal Code:
Email:	Tel. / Fax:	
Date of Arrival:	Date of Departure:	
Number of persons:	Number of participants:	
Conference languages: English and G Conference fee: 150 €, reduced to 100 Official conference dinner: 10 € per p) € for ALWS members and subscribers to th person.	
The fees can be reduced - to 75 € for students (50 € for ALWS sti - to 75 € (50 € for members) for person	udent members AND student subscribers to	DER STANDARD)
- to 37 € (25 € for members) for studen		
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- to 37 € (25 € for members) for studen My conference fee is: I wish to join the conference dinner wi	its from developing countries.	ncluded). Of which vegan menus:
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ROOM ORDER 2025

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, 2025 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) r	name:				
Age:		Sex:			
Address:					
				Postal Code:	
Email:		Tel. / Fax:			
Do you need a rooi	m?	If no, camp out?:			
Rooms needed:		Number:	Will you arrive by car?		
Would you share a	room with another syn	nposium participant?			
Date of Arrival:		Date of Departure:			
Number of persons	5:				
Remarks:					
	Date:	Signatur	e:		