

# REGISTRATION FORM

## 16th Ludwig Wittgenstein Summer School

Kirchberg am Wechsel, 5–9 of August 2025

**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,**  
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Austria, EU