

## Registration Form

17<sup>th</sup> Ludwig Wittgenstein Summer School  
Kirchberg am Wechsel, 4 – 8 August 2026

Family name:

First (and middle) name:

Title:

Age:

Sex:

Address:

Location:

Postal Code:

Country:

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:

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### Payment:

Eurocheque or money order

Credit card (MASTERCARD / VISA)

Card No.:

CVV:

Valid until:

Date:

Signature: \_\_\_\_\_

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I prefer to stay in a hotel room (at my own costs)

Datum / Date:

Signature: \_\_\_\_\_

Please mail this registration form together with your **performance record** and the **preparatory essay** to the following address:

**Prof. Dr. Volker A. Munz**

Alpen-Adria-University

Department of Philosophy

Universitaetsstrasse 65-67

A- 9020 Klagenfurt am Woerthersee  
Austria, EU

Or via email:

[volker.munz@aau.at](mailto:volker.munz@aau.at)