



INTERNATIONALES
LUDWIG
WITTGENSTEIN
INSTITUT

Registration Form

17th 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:

Payment:

☐ Eurocheque or money order

☐ Credit card (MASTERCARD / VISA)

Card No.:

CVV:

Valid until:

Date:

Signature:

☐ 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:

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