**Conference Registration Form**

***Lexical combinations and typified speech in a multilingual context***

Innsbruck, February 11th- 13th 2016

Karl-Rahner-Platz 1, A-6020 Innsbruck

We kindly ask you to send the completed registration form (with advance payment

by bank transfer including the receipt of payment) to [leko2016@uibk.ac.at](mailto:leko2016@uibk.ac.at).

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| --- | --- | --- | --- | --- |
| **Surname** | |  | | |
| **First Name** | |  | | |
| **Title** | |  | | |
| **University and Department / Institution** | |  | | |
| **E-mail address** | |  | | |
| **Address** | **Street, house number** |  | | |
| **Post code, city** |  | | |
| **Country** |  | | |
| **Type of participation** | | □ with presentation | □ with poster | □ without presentation or poster |
| **Title of proposal (presentation or poster)** (if applicable) | |  | | |
| **Co-authors** (if applicable) | |  | | |
| **Would you like to participate in the complimentary city tour?** (on Feb 12th, planned from 1.45 pm to 2.45pm) | |  | | |
| **Do you have any food allergies?** | |  | | |
| **Would you like to participate in the conference dinner?** (on Feb 12th, approx. 40 euro) | | □ yes | □ yes (vegetarian) | □ no |
| **Would you like to participate in the final excursion?** (on Feb 13th afternoon, approx. 20 euro) | |  | | |

**Note: Co-authors who wish to participate in the conference need to register separately!**