**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.

|  |  |
| --- | --- |
| **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!**