## QUESTIONNAIRE COMPANY / ASSOCIATION

name of company/association: _____

prename & surename: _____

address: _____

phone and fax: _____

e-mail: _____

homepage address: _____

location (exact name and address) : _____

The company/association is:

- ☐ run by a privat company / person
- ☐ By a public source
- ☐ commercial ☐ non-profit organisation

Description of business:

_____

_____

_____

_____

_____

_____

This questionnaire was answered by:

name: _____

e-mail: _____

Send this questionnaire to Yourope, Adlerbergstrasse 13, CH-9000 St.Gallen