

Genossenschaft zur Rechtswahrung und Unterstützung für Wirtschaft und Soziales

CH - 4323 Wallbach, Postfach 23 oder Fax: +41 (0) 62 87 - 33 0 88



Unternehmen/Firma/Bezeichnung der Einrichtung Interne-ID (Bitte nicht ausfüllen!)

Nachname

Vorname

Straße Haus-Nr.

Land **FL** PLZ Ort

Landeswahl **+ 4 2 3** (0) Telefon / Vorwahl Telefon / Nummer Fax / Nummer

E-Mail

Ggf. Homepage / Webseitenaufrtritt für Verlinkung

Kreuzen Sie folgende, der für Sie zutreffende Bannerwerbung in das vorgesehene Kästchen an.

- | | |
|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Liechtenstein Übersicht (Hauptverzeichnis Rubriken/Verwaltungsbezirk/Gesamt) | 12.000,00 CHF |
| <input type="checkbox"/> Übersicht Verwaltungsbezirke | <input type="checkbox"/> Übersicht Postleitzahlen (CH)* 6.000,00 CHF |
| <input type="checkbox"/> Übersicht Rubriken | <input type="checkbox"/> Übersicht Gesamtaufistung 6.000,00 CHF |

*** Postalisch wird das Fürstentum Liechtenstein entsprechend der Zustellungen - unter PLZ 9 der Schweiz geführt.**

Nach Verwaltungsbezirken (Preise gelten je Bezirk) a. 3.600,00 CHF

- | | | | |
|----------------------------------|----------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Balzers | <input type="checkbox"/> Mauren | <input type="checkbox"/> Schaan | <input type="checkbox"/> Triesenberg |
| <input type="checkbox"/> Eschen | <input type="checkbox"/> Planken | <input type="checkbox"/> Schellenberg | <input type="checkbox"/> Vaduz |
| <input type="checkbox"/> Gamprin | <input type="checkbox"/> Ruggell | <input type="checkbox"/> Triesen | _____ |

Nach Rubriken (Preise gelten je Rubrik) a. 2.400,00 CHF

- | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>A</p> <input type="checkbox"/> Ärzte
<input type="checkbox"/> Akupressur
<input type="checkbox"/> Akupunktur
<input type="checkbox"/> Apotheken
<input type="checkbox"/> Aromatherapie

<p>B</p> <input type="checkbox"/> Beratung / Therapie
<input type="checkbox"/> Bachblütentherapie

<p>C</p> <input type="checkbox"/> Chinesische Medizin
<input type="checkbox"/> Craniosacraltherapie

<p>D</p> <input type="checkbox"/> Drogerien

<p>E</p> <input type="checkbox"/> Einlagen, Piloten
<input type="checkbox"/> Ergotherapie | <p>F</p> <input type="checkbox"/> Fachgeschäfte
<input type="checkbox"/> Fitness
<input type="checkbox"/> Fussorthopädie
<input type="checkbox"/> Fusspflege
<input type="checkbox"/> Fusspflegebedarf
<input type="checkbox"/> Fussreflexzonenmassage
<input type="checkbox"/> Fussreflexzonentherapie

<p>G</p> <input type="checkbox"/> Gesundheitspraxis

<p>H</p> <input type="checkbox"/> Haus- / Krankenpflege
<input type="checkbox"/> Heilbäder / Heilquellen
<input type="checkbox"/> Heilpraktiker / - in
<input type="checkbox"/> Homöopathie

<p>K</p> <input type="checkbox"/> Kinesiologie
<input type="checkbox"/> Kliniken | <p><input type="checkbox"/> Kosmetik
 <input type="checkbox"/> Kosmetik-Studios
 <input type="checkbox"/> Kosmetische Fusspflege

 <p>L</p> <input type="checkbox"/> Lymphdrainage

 <p>M</p> <input type="checkbox"/> Massage
 <input type="checkbox"/> Massage-Praxis
 <input type="checkbox"/> Medizinische Fusspflege

 <p>N</p> <input type="checkbox"/> Naturheilkunde

 <p>O</p> <input type="checkbox"/> Orthopädie
 <input type="checkbox"/> Ortho-Bionomy
 <input type="checkbox"/> Orthopädische Hilfsmittel
 <input type="checkbox"/> Orthopädiegeschäfte

 <p>P</p> <input type="checkbox"/> Pediküre</p> | <p><input type="checkbox"/> Pflegebedarf
 <input type="checkbox"/> Physiotherapie
 <input type="checkbox"/> Podologie
 <input type="checkbox"/> Privatkliniken

 <p>R</p> <input type="checkbox"/> Reformhaus
 <input type="checkbox"/> Rehabilitation
 <input type="checkbox"/> Reiki

 <p>S</p> <input type="checkbox"/> Sanitätsgeschäft
 <input type="checkbox"/> Schuhfachgeschäfte
 <input type="checkbox"/> Schuhmacher / - in
 <input type="checkbox"/> Schuhreparaturen
 <input type="checkbox"/> Shiatsu
 <input type="checkbox"/> Spitäler / Kliniken
 <input type="checkbox"/> Sportgeschäft (Schuhe)

 <p>W</p> <input type="checkbox"/> Wellness</p> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Die Vertragsbedingungen wurden gelesen und akzeptiert.

Ort, Datum	Wenn vorhanden Stempel
Unterschrift -	