Attachment 1: Form of Information of Work

**FAH-CCHC: Anti-epidemic Calligraphy and Painting Exhibition (call for paintings, poetries and calligraphies)**

**Form of Information of Work**

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| --- | --- |
| Unit/ Department: | |
| Name: | ☐ Teacher / ☐ Student / ☐ Staff (Please tick) |
| Tel: | Email： |
| Name of Work： | |
| Category of Work：  ☐ Painting \_\_\_\_\_\_\_\_\_ unit(s)  ☐ Poetry \_\_\_\_\_\_\_\_\_ unit(s)  ☐ Calligraphy \_\_\_\_\_\_\_\_\_ unit(s) | |
| Is the work original? ☐Yes / ☐ No (Please indicate the source) | |
| Submission Date： | |
| Signature： | |

Remark: You will be notified once your work is selected.