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.