

Kaohsiung Municipal Social Education Hall Exhibition Activity Application Form
Year Month Day

| | | | | | |
|---|--|--|----------------|---|----------------------|
| Exhibition Title | | Applicant (including organization) Seal or Signature | | ID number or Art Organization Registration Number | |
| Type of Exhibits | | Exhibition Quantity | | Exhibition Category | (Waived) |
| Applicant Address | | | | Contact Telephone Number | |
| Exhibitor (not required for organization) | Name | | Address | | |
| | Education | | | Telephone Number | |
| Experience of Exhibitor (Note 2) | | | | | |
| Site of Application | Exhibition Hall, Second Floor, Kaohsiung Cultural and Physical Activity Center for Youth (No.115, Syuefu Rd., Siaogang District) | | | | |
| Planned Exhibition Date | From | Year | Month | Day to | Year Month Day |
| Name of person in charge of Arrangement and receipt | | Address | | Telephone Number | |
| Representative Piece of the Exhibition | Name of the Work | | Specifications | Date Finished | Note |
| | 1. | | | | |
| | 2. | | | | |
| | 3. | | | | |
| | 4. | | | | |
| | 5. | | | | |
| | 6. | | | | |
| | 7. | | | | |
| | 8. | | | | |
| * (Please enclose eight photos of the work.) | | | | | |
| Comments of Verification | Chief of relevant division | | | Administrator | |
| | | | | | |
| Result of Verification | | | | | |

Note 1: Each column on the form has to be filled in detail.

Note 2: Regarding "Experience of Exhibitor", if applied by an organization (e.g. painting association, scholastic association, coordinating association, etc.), please provide the recent experiences of the organization in exhibition; if applied by a joint exhibition consisting of more than two persons, please provide information detail of all exhibitors.