

NO.	
Family Name/ 姓	Tel/ 电话
First Name/ 名	Fax/ 传真
Country/ 国籍	E-mail
Address/ 地址	



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NO.	Title of work 作品题目	Size 尺寸	Client 客户	Date of production 时间
1				
2				
3				
4				
5				

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# The 8th China International Poster Biennial

## From:

**To:** Room 213, Building 18, No. 352, Rd., Zhuantang Xiangshan,  
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