

NO.	Family Name/姓	<b>1</b>				
Family Name/姓	First Name/名	<b>2</b>				
First Name/名	Country/国籍	<b>3</b>				
Country/国籍	Address/地址	<b>4</b>				
Address/地址	Tel/电话	<b>5</b>				
Category/类别 <input type="checkbox"/> Cultural Posters/文化海报 <input type="checkbox"/> Public campaign Posters/公益海报 <input type="checkbox"/> Commercial Posters/商业海报	Fax/传真	<b>6</b>				
	E-mail	<b>7</b>				



(The form can be duplicated此表格可复印)

(The form can be duplicated此表格可复印)

(The form can be duplicated此表格可复印)

# The 7th China International Poster Biennial

## Instructions

## From:

## To:

The 7th China International Poster Biennial  
 BOX 38#, Xiangshan Campus of China Academy of Art  
 No.352 Xiangshan Zhuantang Town,  
 310024 Hangzhou, P.R.China

中国浙江省杭州市西湖区转塘象山352号38号信箱  
 中国美术学院设计艺术学院中国国际海报双年展组委会  
 邮编：310024  
 Tel/电话：0086(571)87200266 Fax/传真：+86(571)87200266