APPLICATION RECEIPT NUMBER

1 organization overview

NAME OF ORGANIZATION										
NAME OF REPRESENTATIVE						TITLE OF REPRESENTATIVE				
	ORGANIZATIO	TEL								
						FAX				
						E-MAIL				
WEBS				1	ORGANIZATION TYPE					
DATE OF ESTABLISHMENT				MAIN GOVERNMENT DIVISION						
	LIS	T OF EXE	CUTIVES		NUMBER OF MEMBERS:					
	TITLE		FULL	NAME						
STRUCTURE					MAIN MEMBER	S:				
					(EXCEPT EXCECTUIVE MEMBERS LISTED LEFT)					
					4					
					PARTICIPATION REQUIREMENTS :					
	-									
	Please simply describe the objective of the organization and specialties in its operation and activities.									
OBJECTIVE / SPECIALITY										
	Please simply describe the brief history and renowned achievements of the organization since its establishment.									
HISTORY/										
BACKGROUD										
AWARDS WON										
BY										
ORGANIZATION										
DEDOCUUN		0.01		ATION						
PERSON IN CHARGE OF APPLICATION		CONTAC		IATION OF F	PERSON IN	POSTAL MAILING A	ADDRESS			
		TEL/M	IOBILE							
		FAX								
		E-N	MAIL							

- APPLICANT INFORMATION FORM_ORGANIZATION

②PROFILE OF MAIN PERSONNEL OF THE PROJECT

NAME (REAL NAME)			NAME (ARTIST NAME)						
PRESENT			DATE OF BIRTH		AGE:				
POST			GENDER						
	YEAR/MONTH – EDUCATION/PROFESSIONAL EXPERIENCES/ORGANIZATIONS								
	2010.April - Graduated with B.A., OOO University, Department of OOO, Major in OO, Minor								
	2014. April - 2016. March								
	MAJOR EXHIBITIONS/AWARDS/GRANT								
MAJOR EXPERIENCES									
appendix									
applicable if necessary									