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| **鑫吉海“健康·关怀”专题摄影资助计划参评表** | | | | | |
| **姓 名** |  | | **年 龄** | |  |
| **通讯地址** |  | | | | |
| **工作单位** |  | | | | |
| **邮政编码** |  | **联系电话** | |  | |
| **摄影艺术简历** |  | | | | |
| **作品名称** | **1.** | | | | |
| **2.** | | | | |
| **3** | | | | |
| **作品说明** | **1.** | | | | |
| **2.** | | | | |
| **3** | | | | |