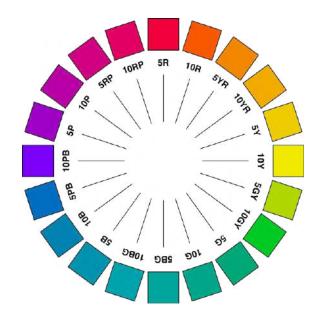
## Questionnaire

No.	

Date	/	/ 2019
Daic		

- 1) Name \_\_\_\_\_
- 2) Age \_\_\_\_\_
- 3) Gender \_\_\_\_\_
- 4) What is your favorite color? Please circle the color in the following figure:



<sup>\*</sup>Information entered in this form, and photographs that are taken, may be published on websites, shown at exhibitions, etc. Please sign with acknowledgment of this.

Signature \_\_\_\_\_

Your cooperation would be highly appreciated.