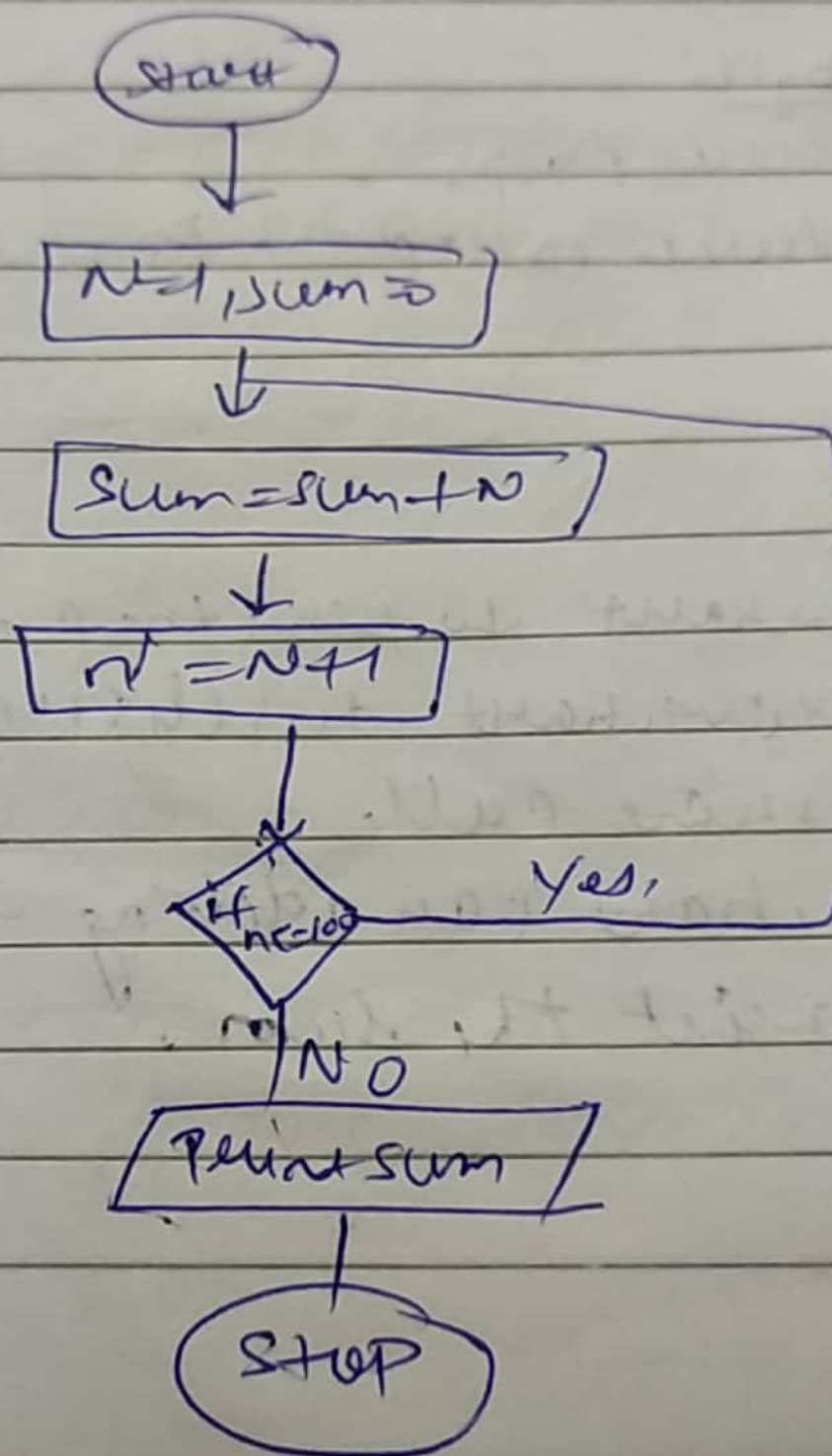
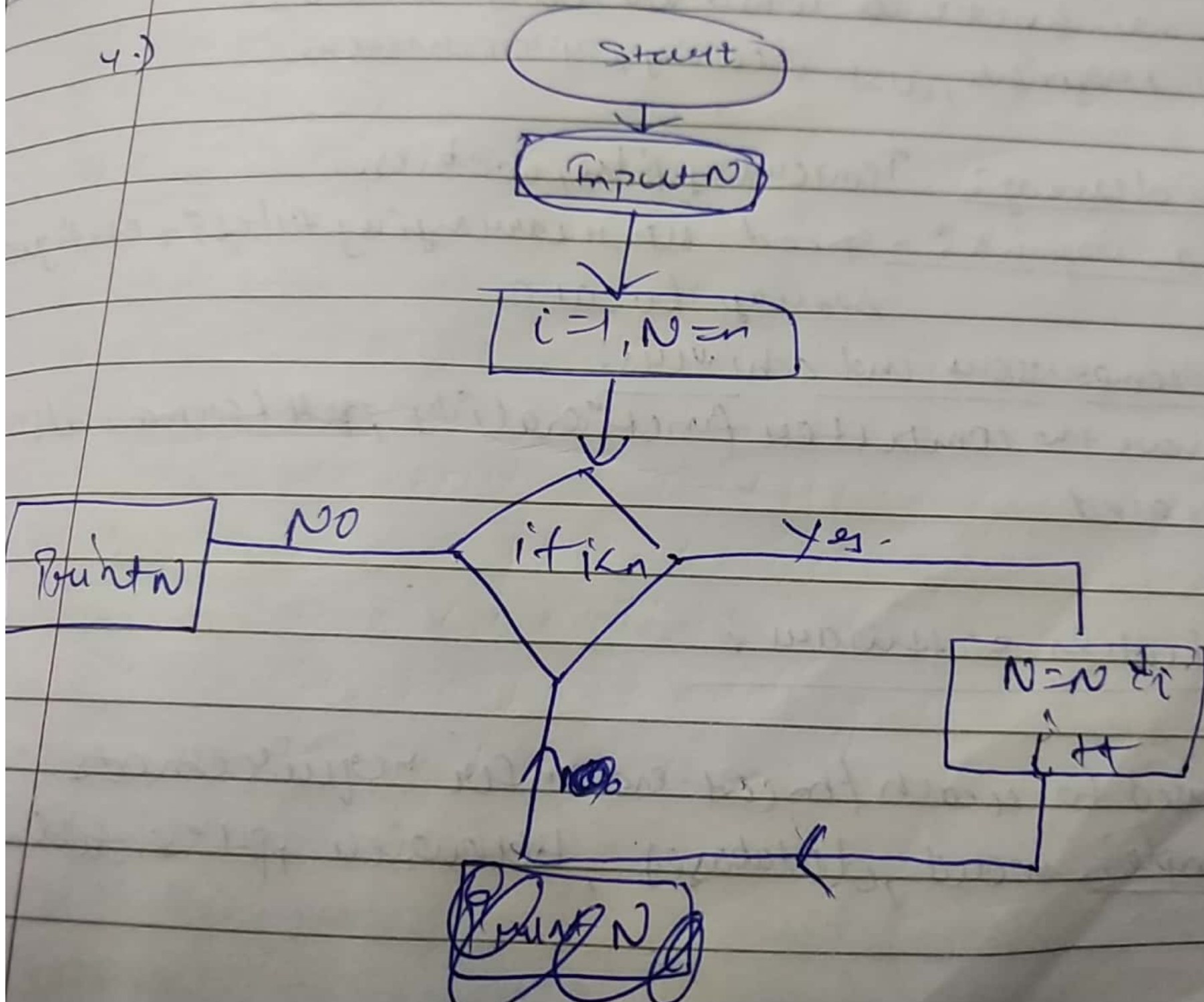


2.7



4.)



Date : __/__/__

MON	TUE	WED	THU	FRI	SAT	SUN
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5.7

