**Annual Surface Pattern Design Competition**

 **Registration Form**

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| *Name* |  | Please mark as appropriate |
| Gender | Male | Female |
| *Date*  |  |
| *Address**(we advise that you provide your permanent address)* |  |
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|  |
| *Contact Details* *(we advise that you provide your own personal e-mail address contact outside the academic year)* | *Contact Telephone Number* |  |
| *e-mail address* |  |
|  |  |
| **Details for your****College or****University**  | *Name of College/University* |  |
| *Address of College/University* |  |
| *Name of Tutor/ Programme Leader* |  |
| *e-mail address* |  |
| *Your current Year of Study* |  |
|  |
| **I am not in education****Tell us your status** |  |

Please feel free to contact us at any time if your require any further information:

info@i-dott.org