

Full name of school

Full address of school
(including postcode)

School phone number

School email address

Year group

Title of Poster

Name of student (s)
(please ensure that full names are
given and are printed as they
should appear on the certificate)

Name of form teacher

Please post or deliver completed registration form and poster to:

Dr E.C. Stillman
School of Mathematics and Statistics
University of Sheffield
Hicks Building
Sheffield
S3 7RH
UK