



NAME	COMPANY
COMMITTEE	DATES

Date	Meeting Designation	Description of Items Discussed	Hour(s)
1. _____ Signature of Meeting Chair	_____ _____	_____ _____	_____ _____
2. _____ Signature of Meeting Chair	_____ _____	_____ _____	_____ _____
3. _____ Signature of Meeting Chair	_____ _____	_____ _____	_____ _____
4. _____ Signature of Meeting Chair	_____ _____	_____ _____	_____ _____
5. _____ Signature of Meeting Chair	_____ _____	_____ _____	_____ _____
6. _____ Signature of Meeting Chair	_____ _____	_____ _____	_____ _____

Please take this completed document to the **ASTM Registration Desk** for a Stamp of Approval. This document is a self-reporting form. ASTM does not verify the accuracy of the self-reported information. This information can be supplemented by including minutes and agendas.

Signature _____

Date _____ Total Hours _____

