



**Reimbursement needed?    Yes    No**

\_\_\_\_\_ I confirm the nominee will be available for the duration of the program on Tuesday

**Candidate Information**

Last (Family) Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Prefix: \_\_\_\_\_

**Current Occupation and ASTM Affiliation**

Position: \_\_\_\_\_ Committee #: \_\_\_\_\_ Member #: \_\_\_\_\_

ASTM join date: \_\_\_\_\_

Organization / University: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone#: \_\_\_\_\_

Email: \_\_\_\_\_

**Education**

Please list all degrees below along with the institution, focus and year of each degree:

**Professional History**

Please list company name, position, brief description for each job, and dates served:

**Nominator Information**

Last (Family) Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Prefix: \_\_\_\_\_

Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip/Postal: \_\_\_\_\_ Country: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_ Committee Affiliation: \_\_\_\_\_

**Individual Contributions**

Explain how the nominee has met the criteria? (500 words or less)

**References** (ideally one would be an ASTM member)

Please list 2 references below, along with their email address:

Name:	Email:
1. _____	1. _____
2. _____	2. _____

**Deadline Dates and Nomination Submission** (indicate preferred EP workshop):

- June 5-6, 2023 – Denver, CO (submissions due April 4, 2023)
- June 26-27, 2023 – Denver, CO (submission due April 20, 2023)
- October 30-31, 2023 – Washington, DC (submission due August 21, 2023)
- November 6-7, 2023 – Washington, DC (submission due August 29, 2023)

Supporting materials may be submitted electronically to Katerina Koperna at ASTM International: [kkoperna@astm.org](mailto:kkoperna@astm.org) or mailed to her at: 100 Barr Harbor Drive, West Conshohocken, PA 19428