



<b>NAME</b>	<b>COMPANY</b>
<b>COMMITTEE</b>	<b>DATES</b>

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 \_\_\_\_\_

