



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

ASTM Stamp of Approval