

| Reimbursement needed? | Yes | No | |
|----------------------------|-------------|------------------------|------------------------------|
| I confirm the nominee wi | ill be avai | lable for the duration | on of the program on Tuesday |
| Candidate Information | | | |
| Last (Family) Name: | First: | Middle: | Suffix: |
| Current Occupation and AS | TM Affi | liation | · · · |
| 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: | Suffix: | |
|---------------------|--------|------------------------|---------|---|
| | • | | | • |
| 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 23-24, 2025 Toronto, Canada (nominations due by April 18, 2025)
- June D02 June 23-24, 2025 Kansas City, MO (nominations due by April 18, 2025)
- October 6-7, 2025 Atlanta, GA (nominations due by August 4, 2025)
- November 10-11, 2025 Atlanta, GA (nominations due by August 28, 2025)

My preference for the EP workshop is:

Supporting materials may be submitted electronically to Katerina Koperna at ASTM International: <u>kkoperna@astm.org</u> or mailed to her at: 100 Barr Harbor Drive, West Conshohocken, PA 19428