

2024

ASTM INTERNATIONAL CERTIFICATE OF ATTENDANCE



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