

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	STM 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):

- October 7-8, 2024 Orlando, FL (submission due September 4, 2024)
- October 21-22, 2024 Brussels, Belgium\* (submissions due August 27, 2024) \* held in conjunction with ASTM BOD meetings
- November 11-12, 2024 Orlando, FL (submission due September 10, 2024)

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