



CSFM ISP REPORTING FORM

NAME OF EVENT/ACTIVITY:

LOCATION OF EVENT/ACTIVITY:

DATE OF EVENT/ACTIVITY:

GROUP SPONSORING THIS EVENT/ACTIVITY:

CSFM NAME: _____

DATE: _____

PARTICIPATION OF CSFM DOCUMENTED AS ATTACHED
(DOCUMENTATION FORMS MAY VARY, SUCH AS COPIES OF PUBLICATIONS
CONTAINING ARTICLE(S), COPIES OF PROGRAM LISTING PRESENTATION,
WRITTEN REPORT OF GROUP ACTIVITY PROJECT, MINUTES OF MEETING
SHOWING NATIONAL/CHAPTER OFFICER OR COMMITTEE CHAIR
INVOLVEMENT, ETC.)

I hereby attest that all the submitted information is accurate. I understand that submitting
intentionally falsified information could lead to revoking my status as CSFM.

Signature of CSFM: _____

PLEASE RETURN THIS COMPLETED FORM, ALONG WITH DOCUMENTATION OF
PARTICIPATION TO STMA HEADQUARTERS.

CSFM ISP REPORTING FORM RECEIVED

BY STMA STAFF MEMBER: _____

DATE: _____

*ISP CREDITS WILL BE ISSUED UPON EVALUATION OF SUBMISSION