



CERTIFICATE OF COMPLETION

The undersigned has successfully completed the listed educational program.

Participant Name: _____ Date: May 4, 2017

Presentation Title: **Prescriptions for Building Envelope Problems**

Location: NIU Conference Center, Naperville, IL

Presenter: Kurt R. Hoigard, PE, SECB, F.ASTM, Raths, Raths & Johnson, Inc.

1.0 Contact Hrs. (.10 CEUs)



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