

CERTIFICATE OF COMPLETION

The undersigned has successfully completed the listed educational program.

Participant Name: _____ Date: May 4, 2017

Presentation Title: **Healthcare Lighting: Putting Research Into Practice**

Location: NIU Conference Center, Naperville, IL

Presenter: Lauri Tredinnick, Pivotal Lighting Design/AEI

1.0 Contact Hrs. (.10 CEUs)



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