

CERTIFICATE OF COMPLETION

The undersigned has successfully completed the listed educational program.

Participant Name: _____ Date: May 2, 2019

Presentation Title: *Curbing Hospital Energy Costs, Heat-Recovery Chillers for Health Care*

Location: NIU Conference Center, Naperville, IL

Presenter: David N. Schurk DES, CEM, LEED-AP, Carrier Corporation

1.0 Contact Hrs. (.10 CEUs)



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